

ST. LUCIE COUNTY HEALTH EQUITY PLAN 2022-2025

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EXECUTIVE SUMMARY

The places where people live, work, and play greatly impact their health. The health of those living and working in St. Lucie County can be improved by working with government agencies and private partners to create healthy and safe communities.

The Florida Department of Health in St. Lucie County's (FDOH St. Lucie) commitment to addressing health inequities in our community has been exemplified through the identification of Health Equity as a priority area in the 2021-2026 Community Health Improvement Plan (CHIP). The development of the Health Equity Plan (HEP) requires partnerships across all organizations and sectors. This plan acknowledges that collaborative initiatives to address the social determinants of health (SDOH) are the most effective at reducing health disparities. SDOH includes economic stability, neighborhood and built environment, education, food, healthcare systems, and community and social context. As such, FDOH-St. Lucie formed a Health Equity Action Team (HEAT) and engaged partners to form a Taskforce to participate in the development of the HEP. The Taskforce is comprised of partners from local government, community-based organizations, faith-based organizations, social service organizations, and educational institutions.

Utilizing the National Association of City and County Health Officials' (NACCHO) Mobilizing for Action Through Planning and Partnerships (MAPP) framework, partners determined a priority and developed a strategic plan to address the priority. To inform the decision-making process, state and local data were presented to understand critical health disparities in St. Lucie County. Following a review of all available local data, obesity was chosen as the prioritized health disparity. Obesity, as shown in the data included in this report, impacts residents across the lifespan in St. Lucie County. For instance, 20% of St. Lucie County WIC clients (ages 2 years and over) were obese in 2021. Moreover, in 2020, 35.4% of births in St. Lucie County were to obese mothers, compared to 28.1% of births across the state. Notably, Black mothers experienced obesity at a higher proportion compared to their White counterparts (43% and 32.8%, respectively). Additionally, the proportion of adults who are obese exceeded that of the state in 2020 (32.4% and 27%, respectively).

Obesity has been shown to increase the risk of other health complications and chronic diseases, such as heart disease and diabetes, and to negatively impact quality of life. For those populations experiencing higher proportions of obesity, such as Black and Hispanic residents in St. Lucie County, these factors, in addition to the health consequences of obesity itself, can exacerbate issues related to the social determinants of health, including increased medical costs and loss of productivity, both of which have been linked with obesity.¹ This data and evidence show the breadth of obesity as a critical health issue in St. Lucie County.

As such, the Health Equity Taskforce developed goals, objectives, and key activities that will be crucial for addressing obesity, advancing health equity, and reducing health inequities in St. Lucie County. The Taskforce understands that by addressing obesity, this work will have subsequent impacts on additional health outcomes to create a healthier St. Lucie County. St. Lucie County's Health Equity Plan will be reviewed and revised regularly with input from community partners and residents and Healthy St. Lucie Coalition members.

1 LaVeist, T. A., Gaskin, D., & Richard, P. (2011). Estimating the Economic Burden of Racial Health Inequalities in the United States. *International Journal of Health Services*, 41(2), 231–238. <https://doi.org/10.2190/HS.41.2.c>

Florida Department of Health in St. Lucie

Health Equity Plan

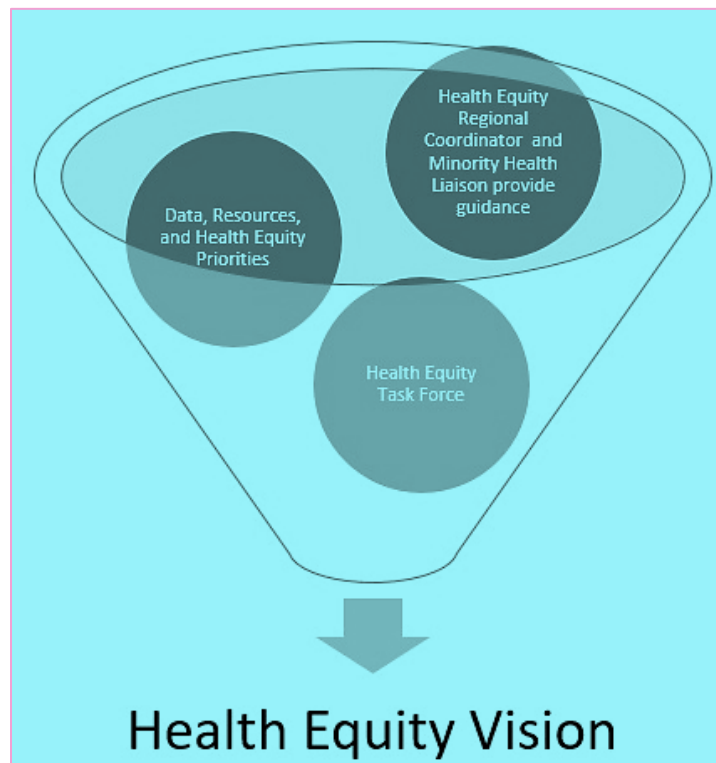
Monitoring the implementation of the Health Equity Plan takes place via Healthy St. Lucie Coalition meetings and quarterly meetings with Health Equity Taskforce. In addition to the regularly scheduled review meetings, stakeholders will also meet annually to review and revise the HEP and discuss the next steps for the upcoming year. The CHA, CHIP and HEP are community-driven processes. As a member of the community, we welcome your feedback and collaboration to achieve the goals established in St. Lucie County's Health Equity Plan. For more information or to become involved, visit the Florida Department of Health in St. Lucie County at <http://stlucie.floridahealth.gov/>

I. VISION

Using the Mobilizing for Action through Planning and Partnerships (MAPP) framework, on March 3, 2022, the St. Lucie County Health Equity Taskforce (HET) took part in a visioning activity to discuss and vote on the St. Lucie County Health Equity Plan mission and vision. After discussing what a healthy St. Lucie County means, what important characteristics of a healthy community are, and how the Taskforce envisions what health equity will look like in the next few years, the Taskforce wrote and voted on the mission and vision below.

Mission: To outline and support comprehensive efforts intended to reduce health disparities and improve the social and economic conditions impacting health.

Vision: A Healthy St. Lucie is one where collaboration, inclusivity, and integrity, are the guiding principles for ALL citizens to reach their full health potential especially individuals historically impacted by social and economic conditions.



II. PURPOSE OF THE HEALTH EQUITY PLAN

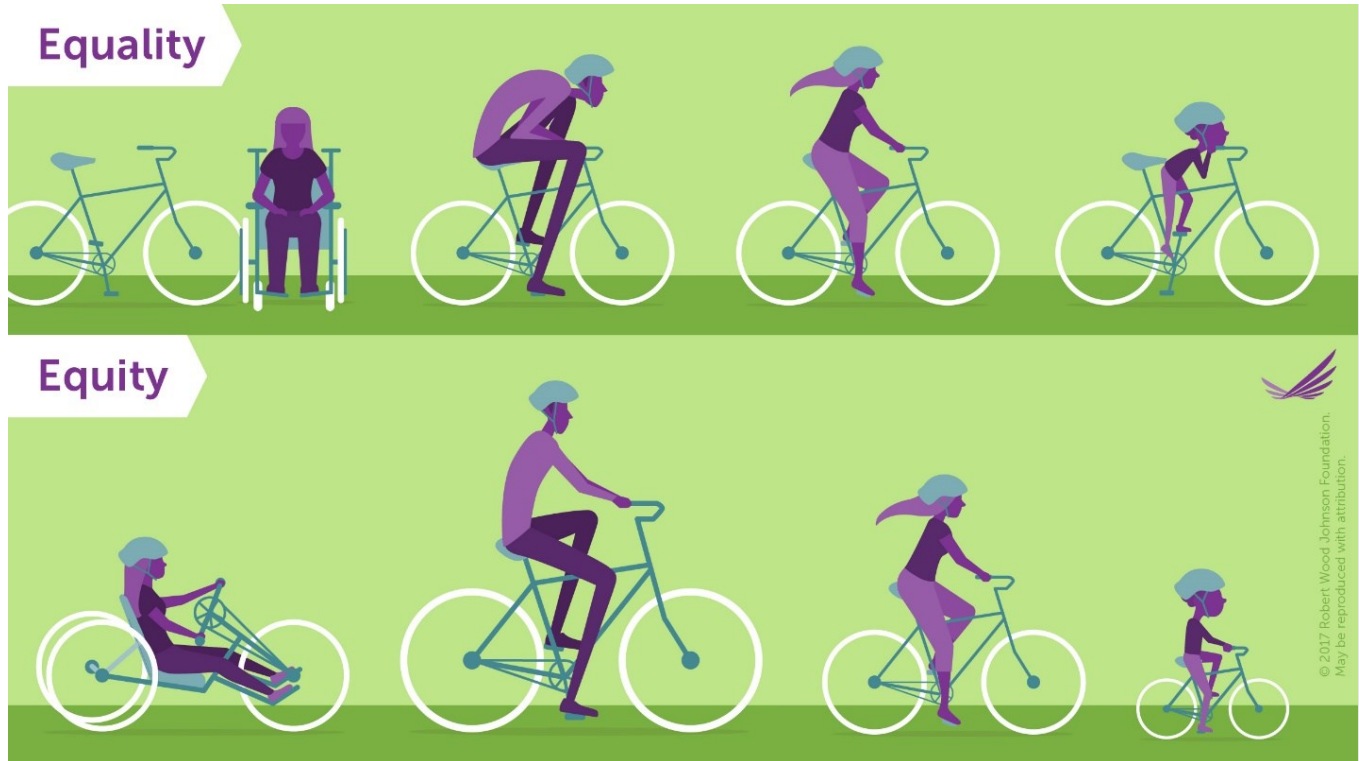
Health Equity is achieved when everyone can attain optimal health.

The Florida Department of Health's Office of Minority Health and Health Equity (OMHHE) works with government agencies and community organizations to address the barriers inhibiting populations from reaching optimal health. A focus on health equity means recognizing and eliminating the systemic barriers that have produced disparities in achieving wellness. In response to Chapter 2021-1700 of the Florida Statute, effective July 1, 2021, each county health department (CHD) has been provided resources to create a Health Equity Plan to address health disparities in their communities.

The Health Equity Plan serves to guide St. Lucie County's efforts to create and improve systems and increase opportunities to achieve optimal health for all residents, especially priority populations. County organizations have a critical role in addressing the Social Determinants of Health (SDOH) by fostering multi-sector and multi-level partnerships, conducting surveillance, integrating data from multiple sources, and leading approaches to develop upstream policies and solutions. This plan acknowledges that collaborative initiatives to address the SDOH are the most effective at reducing health disparities.

The Health Equity Plan aims to increase health equity within St. Lucie County. The Florida Department of Health in St. Lucie County (FDOH St. Lucie) developed this plan following the multi-sector engagement approach to analyze data and resources, coordinate existing efforts, and establish collaborative initiatives. This plan addresses key SDOH indicators affecting health disparities within the County. This Health Equity Plan is not a county health department plan; it is a **countywide** Health Equity Plan through which Taskforce and Coalition members, including a variety of government, non-profit, and other community organizations, align to address the SDOH impact on health and well-being in the County.

III. DEFINITIONS



Health equity is achieved when everyone can attain optimal health

Health inequities are systematic differences in the opportunities that groups have to achieve optimal health, leading to avoidable differences in health outcomes.

Health disparities are the quantifiable differences when comparing two groups, on a particular measure of health. Health disparities are typically reported as rate, proportion, mean, or some other measure.

Equality is where each individual or group of people is given the same resources or opportunities.

Social determinants of health (SDOH) are the conditions in which people are born, grow, learn, work, live, worship, and age that influence the health of people and communities.

Culturally Competency is the ability of individuals and systems to work or respond effectively across cultures in a way that acknowledges and respects the culture of the person or organization being served.

Culturally Adaptive is a concept that defines the ability of people and societies to overcome and adapt to changes in the natural and social environment through slight changes to their usual way of life.

IV. PARTICIPATION

Cross-sector collaborations and partnerships are essential components of improving health and wellbeing. Cross-sector collaboration uncovers the impact of education, health care access and quality, economic stability, social and community context, neighborhood and built environment, and other factors influencing the wellbeing of populations. Cross-sector partners provide the range of expertise necessary to develop and implement the Health Equity Plan.

The FDOH St. Lucie engaged partners throughout the community to form a Health Equity Taskforce (HET). During plan development, new members were recruited to ensure adequate representation across the Social Determinants of Health (SDOH) and the residents being served. The St. Lucie County Health Equity Action Team (HEAT) identified, engaged, and recruited community stakeholders through local coalitions, the Upward Mobility Cohort, community groups, current partnerships, and the Healthy St. Lucie Coalition (HSLC). HSLC is comprised of 44 diverse community organizations and community members across a multitude of sectors. HSLC agreed to serve as the St. Lucie County Health Equity Coalition and to form the St. Lucie County Health Equity Taskforce as the workgroup. Once formed, the HET assessed the health needs of underserved communities, prioritized health disparities, and develop a strategic action plan to address the disparities. Members included representatives from multiple local public health system sectors, including health care, social service, community development, city and county government, and more.

A. Minority Health Liaison – Health Equity Liaison

The St. Lucie County Health Equity Liaison supports the OMHHE in advancing health equity and improving health outcomes of racial and ethnic minorities and other vulnerable populations through partnership engagement, health equity planning, and implementation of health equity projects to improve social determinants of health. The Health Equity Liaison facilitates health equity discussions, initiatives, and collaborations related to elevating the shared efforts of the county.

Minority Health Liaison: Caleta Scott, Health Equity Liaison

Minority Health Liaison Backup: Stefanie Myers, Director of Health Promotion

B. Health Equity Team – Health Equity Action Team (HEAT)

The Health Equity Action Team (HEAT) includes individuals who represent different divisions within the local FDOH St. Lucie. The HEAT explores opportunities to improve health equity efforts within FDOH St. Lucie. Members of the HEAT assess the current understanding of health equity within their programs and strategize ways to improve it. The Team also relays information and data concerning key health disparities and SDOH in St. Lucie County to the Health Equity Taskforce. The Health Equity Liaison guides these discussions and the implementation of initiatives to enhance equity.

Name	Title	Program	Member Role
Caleta Scott	Health Equity Liaison	Health Promotion	Lead Plan development; provide updates
Sonya Gabriel	Nursing Consultant	Maternal Child Health	Provide input and guidance
Yenicel Ruan	Human Service Analyst	HIV	Provide input and guidance
Edgar Morales	Planning & Performance Manager	Administration	Provide input and guidance

The HEAT met on the below dates during the health equity planning process. The St. Lucie County HEAT will meet at least quarterly to track progress on the St. Lucie County Health Equity Plan.

Meeting Date	Topic/Purpose
January 19, 2022	During this meeting, the Health Equity Liaison began recruitment for the HEAT and introduced Health Equity principles and topics to staff members.
February 8, 2022	In February, the group reviewed state and local goals and timelines and completed a health equity quiz, discussing the findings.
March 22, 2022	At this meeting, the team prepared for the upcoming Health Equity Taskforce meeting by discussing potential priority health disparities and SDOH projects that could improve equity among priority populations. The group reviewed a previous Protocol for Assessing Community Excellence in Environmental Health (PACE-EH) project on a local community garden to determine the ability to expand the assessment to enhance local garden revitalization and use.

C. Health Equity Taskforce (HET)

The St. Lucie County Health Equity Taskforce (HET) includes CHD staff and representatives from various organizations that provide services to address various SDOH. Members of this Taskforce brought their knowledge about community needs and SDOH. Collaboration within this group addresses upstream factors to achieve health equity. The Taskforce wrote the St. Lucie County Health Equity Plan, oversaw the design, and will guide the implementation of projects. The HET members are listed below.

Name	Title	Organization	Social Determinants of Health	Member Role
Dr. Gitana Ng	ARNP	Florida Community Health Centers, Inc.	Health Care Access & Quality	Gathered information; reviewed and provided input
Sabrina Taylor	President	League of Women Voters, SLC	Social & Community Context	Gathered information; reviewed and provided input
Brittani Coore	Community Impact Director	American Heart Association	Social & Community Context	Gathered information; reviewed and provided input
Bolivar Gomez	Neighborhood Services, Project Manager	City of Port St. Lucie	Neighborhood & Built Environment	Gathered information; reviewed and provided input
Oswmer Louis	Neighborhood Services Project Coordinator	City of Port St. Lucie	Neighborhood & Built Environment	Gathered information; reviewed and provided input
Noemi Rios	Risk Coordinator	City of Fort Pierce	Neighborhood & Built Environment	Gathered information; reviewed and provided input
Shanelle Tomlin	Human Resources Manager	St. Lucie County BOCC	Neighborhood & Built Environment	Gathered information; reviewed and provided input
Caleta Scott	Health Equity Liaison	FDOH St. Lucie	Health Care Access & Quality Social & Community Context	Lead on Plan development; gathered data and information; led Taskforce meetings; took minutes
Edgar Morales	Planning & Performance Manager	FDOH St. Lucie	Health Care Access & Quality Education Access & Quality	Gathered information; reviewed and provided input
Sonya Gabriel	Nursing Consultant	FDOH St. Lucie	Health Care Access & Quality	Gathered information; reviewed and provided input

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Name	Title	Organization	Social Determinants of Health	Member Role
Yenicel Ruan	Human Service Analyst	FDOH St. Lucie	Health Care Access & Quality Social & Community Context	Gathered information; reviewed and provided input

During the health equity planning process, the HET met on the dates detailed below. The HET will meet at least quarterly to track progress on the St. Lucie County Health Equity Plan.

Meeting Date	Topic/Purpose
December 9, 2021	Healthy St. Lucie Coalition/Health Equity Kickoff Meeting – At this meeting, members reviewed the purpose and expectations, short- and long-term goals, and data on various disparities, including healthy weight, obesity, and diabetes-related disparities.
March 3, 2022	Taskforce Meeting – At this meeting, the group finalized a monthly meeting schedule and discussed short- and long-term goals, as well as the opportunity to expand the group to increase reach across SDOH areas. Diabetes and obesity data in St. Lucie County was presented, reviewed, and discussed. The group used the Nominal Group Technique to select a health disparity, narrowing the topics down between diabetes and obesity. After two rounds of voting, obesity was chosen as the health disparity for the HE Plan focus.
March 28, 2022	Taskforce Meeting – The group considered the obesity data and discussed possible short- and long-term goals. Members conferred on possible SDOH projects (e.g., PACE-EH), as well reviewing the Taskforce Charter and Minority Health Month activities. The Taskforce discussed the potential to expand on PACE-EH efforts to address obesity disparities in the county.
May 23, 2022	Taskforce Meeting – At this meeting, the group reviewed current partnerships and discussed potential new partnerships to further expand the reach of the Taskforce. Specific health disparity data related to obesity was shared with the group. The group also reviewed and discussed community projects for each SDOH category.
June 3, 2022	Taskforce Meeting – At this meeting, the group discussed prioritizing the chosen health disparity for the plan using state and local data for each social determinant of health and its impact on obesity. The group used the National Association of County and City Health Officials (NACCHO) Multi-Voting technique to narrow down the projects within two rounds. The chosen projects were the Access to Quality Care and Social and Built Environment SDOH projects.

D. Coalition

On December 9, 2021, the HEAT and the Health Equity Liaison presented to the Healthy St. Lucie Coalition (HSLC), which agreed to serve as the St. Lucie County Health Equity Coalition. HSLC also supported the formation of a Health Equity workgroup/taskforce. The Coalition discussed strategies focused on the social determinants of health to improve the health of the community, including:

- Education access and quality
- Health care access and quality
- Economic stability
- Social and community context
- Neighborhood and built environment

HSLC members include community leaders working to address each SDOH, as well as relevant sub-SDOH. On July 14, 2022, the Coalition was provided an in-depth review of and approved the St. Lucie County Health Equity Plan during the regularly scheduled Healthy St. Lucie Coalition meeting. Additional members were recruited to join the Taskforce to assist with implementation. See [Addendum #1](#) for a list of Coalition members.



E. Regional Health Equity Coordinators

There are eight Regional Health Equity Coordinators. These coordinators provide the Health Equity Liaison, HEAT, and HET with technical assistance, training, and project coordination.

Name	Region	Expertise
Carrie Rickman	Emerald Coast	Nursing
Quincy Wimberly	Capitol	Inclusive Strategies in Public Health and Technical Assistance
Diane Padilla	North Central	Non-Profit Engagement
Ida Wright	Northeast	Community Engagement and Project Management
Rafik Brooks	West	Health Care Leadership
Lesli Ahonkhai	Central	Faith-Based Engagement, Public Health Leadership, and Public Health Workforce Capacity Building and Mentoring
Natasha McCoy (interim)	Southeast	Public Health Practice, Grant Writing, and Partnerships
Frank Diaz-Gines	Southwest	Health Insurance

Contact Information

Consortium/Lead County	Name	Phone	Email
Emerald Coast-Jackson	Carrie Rickman	850-526-2412x 182	Carrie.Rickman@flhealth.gov
Capital- Wakulla	Quincy Wimberly	850-888-6076	Quincy.Wimberly@flhealth.gov
Northeast- Volusia	Ida Wright	386-956-7813	Ida.Wright@flhealth.gov
North Central- Alachua	Diane Padilla	352-225-4354	Diane.Padilla@flhealth.gov
West- Pinellas	Rafik Brooks	727-568-8091	Rafik.Brooks@flhealth.gov
Central- Seminole	Lesli Ahonkhai	407-665-3276	Lesli.Ahonkhai@flhealth.gov
Southeast- Broward	Natasha McCoy (Interim)	225-803-0709	Natasha.McCoy@flhealth.gov
Southwest- Lee	Frank Diaz-Gines	239-332-9519	Frank.Diaz@flhealth.gov

V. HEALTH EQUITY ASSESSMENT, TRAINING, AND PROMOTION

A. Health Equity Assessments

To improve health outcomes in Florida, it is critical to assess the knowledge, skills, organizational practices, and infrastructure necessary to address health inequities. Health equity assessments are needed to:

- Establish a baseline measure of capacity, skills, and areas for improvement to support health equity-focused activities
- Meet [Public Health Administration Board \(PHAB\) Standards and Measures](#) 11.1.4A, which states, “The health department must provide an assessment of cultural and linguistic competence.”
- Provide ongoing measures to assess progress towards identified goals developed to address health inequities
- Guide CHD strategic, health improvement, and workforce development planning
- Support training to advance health equity as a workforce and organizational practice

A proposed Health Equity Assessment tool is pending approval from the Florida Department of Health (FDOH) Executive Management at the state level as of June 2023. Once approved FDOH St. Lucie will conduct a health equity assessment to examine the capacity and knowledge of FDOH St. Lucie staff and community partners to address the social determinants of health that lead to health disparities.

B. County Health Equity Training

The St. Lucie County Health Equity Liaison shared training opportunities and educational resources with HEAT, Taskforce, and Coalition to increase member knowledge of the social determinants of health and the role they play in health disparities, as well as successful approaches to address those determinants. Through the training and information dissemination, partners from across the county were able to gain a better understanding of health equity and the social determinants of health.

Below are the dates, SDOH training topics, and organizations that attended the training.

Quarter	Topics	Organization(s)/Group
Quarter 2	American Medical Association – “Advancing Health Equity – A Guide to Language, Narrative, and Concepts” focused on health equity concepts	• HEAT Team
Quarter 2	“Promoting Community Health Worker Leadership” focused on increasing access to equitable care through health workers	• HEAT Team
Quarter 2	National Academies of Sciences, Engineering, and Medicine – “Economic Innovations to Support Health Equity Workshop” focused on health equity concepts	• HEAT Team
Quarter 2	Dr. Camara Jones – “TED Talk on Race and Racism” focused on components of equity, including racism	• HEAT Team
Quarter 2	Robert Wood Johnson Foundation – “What YOU Can Do to Take Action for Health Equity” focused on health equity concepts	• HEAT Team
Quarter 2	“A Gardener’s Tale – A Story About Systemic Racism” focused on health equity concepts	• HEAT Team
Quarter 2	Association of State and Territorial Health Officials – “Everyone Deserves Good Public Health” focused on health equity concepts	• HEAT Team
Quarter 2	CDC – “SDOH Workbook” focused on the Social Determinants of Health and health equity concepts	• HEAT Team
Quarter 2	National Civic League – “Housing as a Platform for Early School Success and Equitable Learning GRANT” focused on Social Determinants of Health, such as housing, and health equity concepts	• Health Equity Taskforce
Quarter 2	Centers for Disease Control and Prevention – “Meaningful Community Engagement for Health Equity” focused on health equity concepts	• Health Equity Coalition (Addendum #1)
Quarter 2	CVS – “Project Health Initiative” focused on increasing access to healthcare	• Health Equity Coalition
Quarter 2	NACCHO – “Health Equity Quiz” focused on health equity concepts	• Health Equity Coalition

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Quarter	Topics	Organization(s)/Group
Quarter 2 & Quarter 3	Association of American Medical Colleges – “Black American Health Pioneers” focused on health equity concepts	• HEAT Team
Quarter 3	“Florida’s Racist and Anti-LGBTQ Bills Have a Chilling Effect” focused on health equity concepts	• HEAT Team
Quarter 3	“Manatee County Commission Declares Racism a Public Health Crisis” focused on Social Determinants of Health and health equity concepts	• HEAT Team
Quarter 3	NACCHO – “Unnatural Causes” focused on health equity and the role of the Social Determinants of Health	• Health Equity Taskforce
Quarter 3	Robert Wood Johnson Foundation – “Equity vs. Equality: Your Chance to Weigh in Survey” focused on health equity concepts	• Health Equity Taskforce
Quarter 3	American Heart Association – “Relentless Together Tobacco Endgame Webinar: Intro to Tobacco Policy” focused on the Social Determinants of Health and health equity concepts	• Health Equity Taskforce
Quarter 3	Centers for Disease Control and Prevention – “Health Equity and Racism” focused on Social Determinants of Health and health equity concepts	• Health Equity Taskforce
Quarter 4	Bureau of Tobacco Free Florida Virtual Workshop Webinar Series	• HEAT Team
Quarter 4	Remaking the Economy: Closing the Racial Wealth Gap	• HEAT Team
Quarter 4	Foundations of Community Engagement – Online Training Course – Tamarack Institute	• Health Equity Taskforce
Quarter 4	Liberation Stories: Origins and Future Visions for Black Maternal Health	• Health Equity Taskforce
Quarter 4	Texas Health Literacy Conference - Reaching Health Equity Through Health Literacy	• Health Equity Taskforce

C. County Health Department Health Equity Training

The FDOH St. Lucie recognizes that ongoing training in health equity and cultural competency is critical for creating a sustainable health equity focus. At a minimum, all FDOH St. Lucie staff will complete the *Cultural Awareness: Introduction to Cultural Competency* and *Addressing Health Equity: A Public Health Essential* training. In addition, the Health Equity Team provides regular training to staff on health equity and cultural competency and shares other training opportunities as they are identified. The completed training for the current year is recorded below.

Date	Topics	Number of Staff in Attendance
Ongoing	Cultural Awareness: Introduction to Cultural Competency	1 employee* *At the time of publication, the Health Equity Liaison has taken this training, but all other FDOH St. Lucie staff members are scheduled to take this training as the Health Equity Plan implementation begins.
2019-2022	Addressing Health Equity: A Public Health Essential	190 employees
Ongoing	FDOH Health Equity Training Plan	Completed: 82 Employees In-Progress: 60 Employees Pending: 35 Employees
January 22, 2022	Cultural Competency and Health Equity in Public Health Planning	1 Employee

D. Minority Health Liaison Training

The OMHHE and the Health Equity Regional Coordinator provide training and technical support to the Health Equity Liaison on topics such as the health equity planning process and goals, facilitation, and prioritization techniques, reporting requirements, and taking a systems approach to address health disparities. The Health Equity Liaison training is detailed below.

Statewide Monthly Minority Health Liaison Meetings November 18, 2021, December 16, 2021, January 20, 2022, February 17, 2022, March 17, 2022, April 21, 2022, June 16, 2022
Central Region Health Equity Monthly Meetings November 22, 2021, December 21, 2021, January 25, 2022, February 16, 2022, March 16, 2022, April 20, 2022, May 20, 2022, June 15, 2022
EASE (Equitable Advancement of Support for Everyone) (12-hour training) February 4, 2022, February 11, 2022, February 18, 2022, February 25, 2022
Clearpoint Training March 18, 2022
Minority Health Liaison Onboarding Orientation March 28-29, 2022
Technology of Participation (ToP) Facilitation Methods Training (14-hour training) April 28-29, 2022

E. National Minority Health Month Promotion

Minority Health Month is a nationally recognized 30-day health and wellness campaign. The goals of Minority Health Month are to provide crucial information to allow individuals to practice disease prevention, promote healthy lifestyles, showcase healthcare providers and resources, highlight the health disparities in St. Lucie County, and increase ongoing community support to improve minority health.

FDOH St. Lucie and Cleveland Clinic Martin Health hosted a documentary movie screening event on [*UnNatural Causes*](#) on April 2, 2022, at the Zora Neale Hurston Library in Fort Pierce's predominantly black Lincoln Park community to kick off Minority Health Month in April 2022. The award-winning documentary provided an overview of the research behind social determinants of health and sparked healthy conversations among the healthcare professionals in attendance.

Numerous prominent figures from the community were invited to the event, including the local mayor, county and city commission staff, and community leaders. The collaboration between the County library system and FDOH St. Lucie created a strong partnership to engage the community and educate residents. The event was intentionally advertised through word-of-mouth and networking among targeted community groups and neighborhoods to engage residents, as well as on social media. The event was also publicized through the National Forum of Black Public Administrators – Treasure Coast Chapter and the Council of Social Agencies which has a membership representing more than 65 different health and service providers.

Increasing community capacity to effectively reduce health disparities is a goal of St. Lucie County's Community Health Improvement Plan (CHIP - HE1). Engagement with local government, grassroots organizations, and community partners will ensure that our community can guide efforts to create and improve strategies to address inequities in systems and policies, as well as increase opportunities for optimal health for all residents.



Cleveland Clinic Martin Health professionals on-hand to administer blood pressure screenings



Information table highlighting Billion Steps Challenge, Diabetes Prevention Program, Eating Smart Being Active and 5-2-1-0 Education Materials, and Stroke Prevention and Mindfulness resources.

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Health Equity Plan

The St. Lucie County Board of County Commissioners (BOCC), City of Fort Pierce, and City of Port St. Lucie issued Minority Health Month Proclamations to support local awareness efforts. An official designation of a day or event can be a tool for gaining public recognition. Proclamations carry the full endorsement and support of the government entity that issues the proclamation. The Health Equity Liaison attended and accepted each proclamation, joined by Taskforce members and FDOH St. Lucie administration and staff. Having local government partners on the Taskforce accelerates the creation of opportunities for outreach surrounding Health Equity. When accepting the proclamations, the Liaison was able to share health outcome disparity data for the County and touch on future initiatives to address the inequities that have contributed to those differences.



Monday, March 28, 2022. Pictured: City of Port St. Lucie Mayor, Shannon Martin and Health Equity Liaison, Caleta Scott



Monday, April 4, 2022; Pictured: Health Equity Liaison, Caleta Scott and Taskforce member Sabrina Taylor



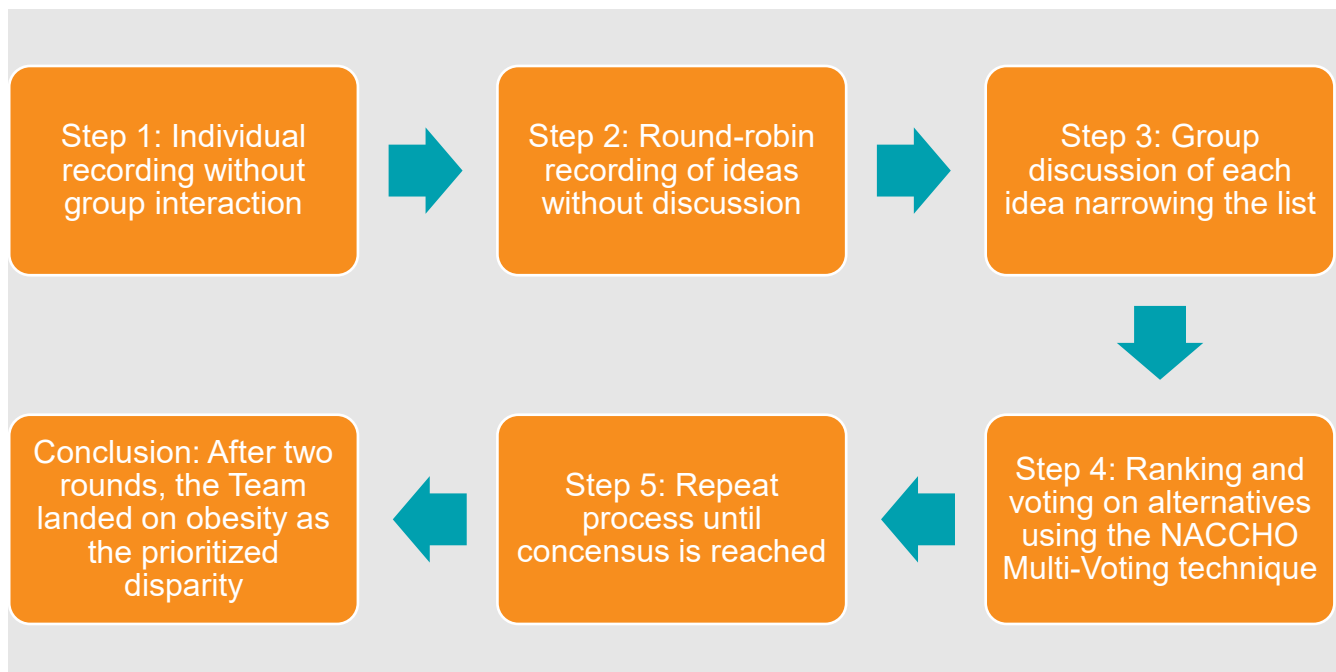
Monday, April 19, 2022; Pictured: BOCC Chairperson, Sean Mitchell and Health Equity Liaison, Caleta Scott

VI. PRIORITIZING A HEALTH DISPARITY

The Health Equity Action Team (HEAT) identified and reviewed health disparities data in St. Lucie County. Information was compiled from multiple sources including but not limited to:

- FDOH Division of Public Health Statistics and Performance Management
- Centers for Disease Control and Prevention
- National Healthcare Quality and Disparities Reports
- Robert Wood Johnson County Health Rankings
- Florida Behavioral Risk Factor Surveillance System
- Florida Environmental Public Health Tracking
- United States Census Bureau

Diabetes and obesity were identified as key health disparities in St. Lucie County. On March 3, 2022, the HEAT selected obesity as the primary focus for the Health Equity Plan. The group presented, reviewed, and discussed data and voted using the Nominal Group Technique over two rounds. This method allowed all members to brainstorm ideas and facilitated equal contribution from all members to share an array of opinions on the relative importance of the issues. The Nominal Group Technique ensures that all voices of the group are heard, and each member participates.² See the process diagram below.



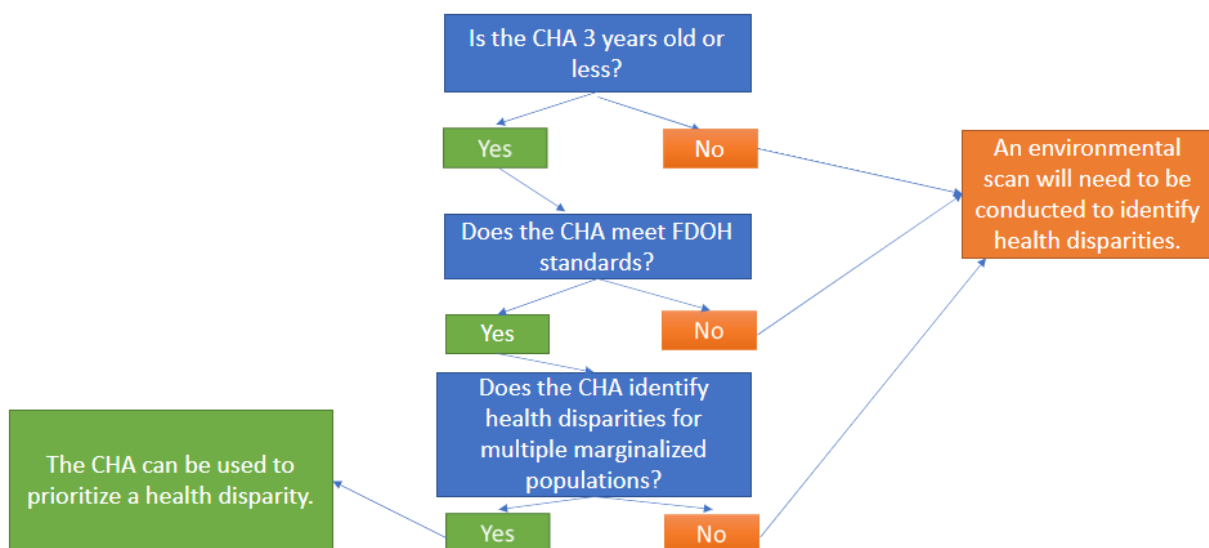
Nominal Group Technique Process Diagram Adapted from the Lumen Waymaker Nominal Group Technique Model Diagram

Additionally, the HEAT utilized decision trees to determine the utility of the County Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) in prioritization efforts. Both the

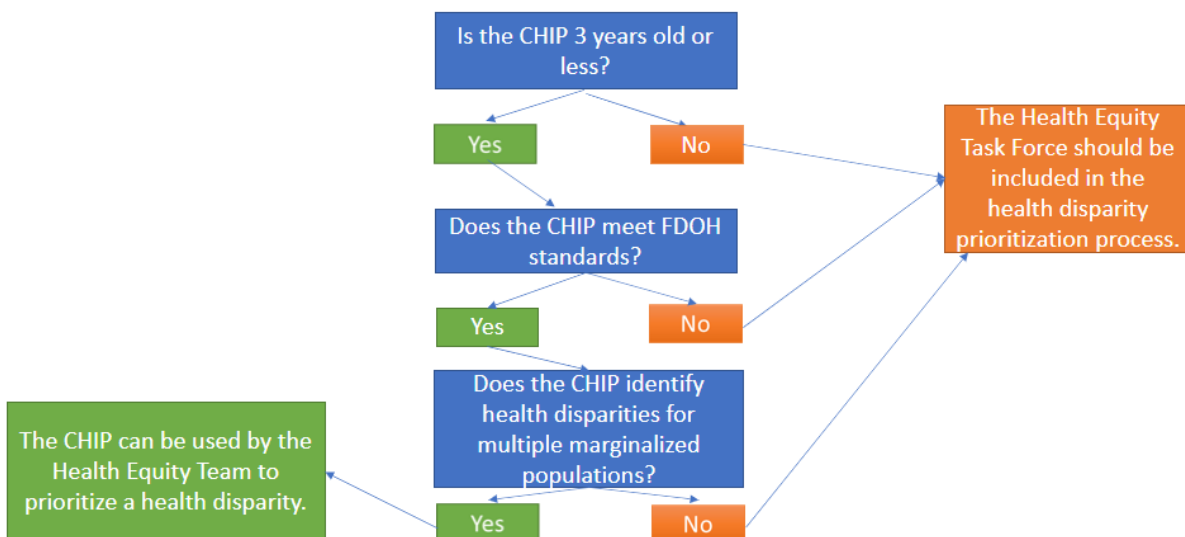
² American Society for Quality (ASQ). (2022). *Nominal group technique*. Retrieved from <https://asq.org/quality-resources/nominal-group-technique>

CHA and the CHIP are less than three years old, meet the FDOH standards, and include health disparity data and goals for multiple marginalized populations, allowing them to be used for the prioritization process. The decision trees used are shown below.

Can we use the Community Health Assessment to prioritize a health disparity?



Can we use the Community Health Improvement Plan to prioritize a health disparity?



St. Lucie County obesity data is included in this report. It is important to note that attempts were made to disaggregate data by key populations (i.e., individuals who identify as lesbian, gay, bisexual, transgender, and/or queer (LGBTQ+), veterans, people with disabilities, immigrants, and individuals who reside in specific ZIP codes and/or census tracts), but there is no county-level obesity data currently available for these specific populations. The HET is interested in supporting current initiatives and identifying future community projects that aim to address these data gaps. For example, there is a Health People 2030 objective to increase the number of states, territories, and the District of Columbia that include questions that identify sexual orientation and gender identity on state-level surveys or data systems.”³ The St. Lucie County Equity Taskforce will discuss how best to support these efforts with future community projects.

Evidence demonstrates that **immigrant populations** do not experience obesity-related disparities, as they have lower obesity rates. Non-immigrant populations were found to have higher obesity rates than immigrant populations (22% and 14%, respectively).⁴ Thus, the HET found it important to include SDOH indicators disaggregated by nativity; however, immigrant populations are not a prioritized population in current efforts to reduce obesity disparities in St. Lucie County.

³ US Department of Health and Human Services: Healthy People: SO/GI Data. Retrieved from: <https://www.healthypeople.gov/2020/topics-objectives/topic/lesbian-gay-bisexual-and-transgender-health>

⁴ Goel, M.S., McCarthy, E.P., et al. (2004). Obesity among US immigrant subgroups by duration of residence. *JAMA*. 292(23): 2860-2867.

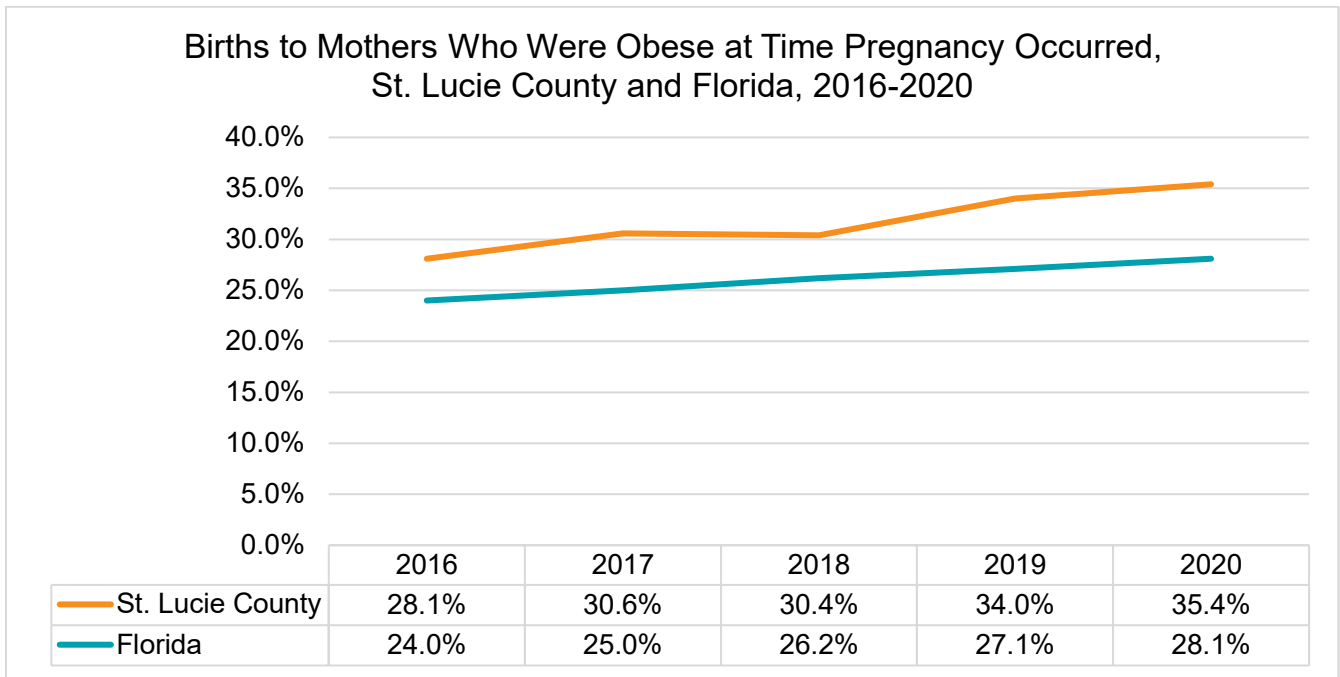
VII. DISPARITY DATA

A. Births to Mothers Who Were Obese at Time Pregnancy Occurred

The following figures depict the proportion of births to mothers who were obese at the time that pregnancy occurred. To the extent possible, data was disaggregated by specific demographics to highlight any obesity-related health disparities.

The figure below shows the proportion of births to mothers who were obese at the time that pregnancy occurred in **St. Lucie County** and **Florida** from 2016 to 2020. During this time, the proportion of births to obese mothers in St. Lucie County generally increased, despite a small decrease in 2018, and consistently exceeded the state's proportion of births to mothers who were obese at the time pregnancy occurred. In 2020, 35.4% of births in St. Lucie County were to obese mothers, compared to 28.1% of births in Florida.

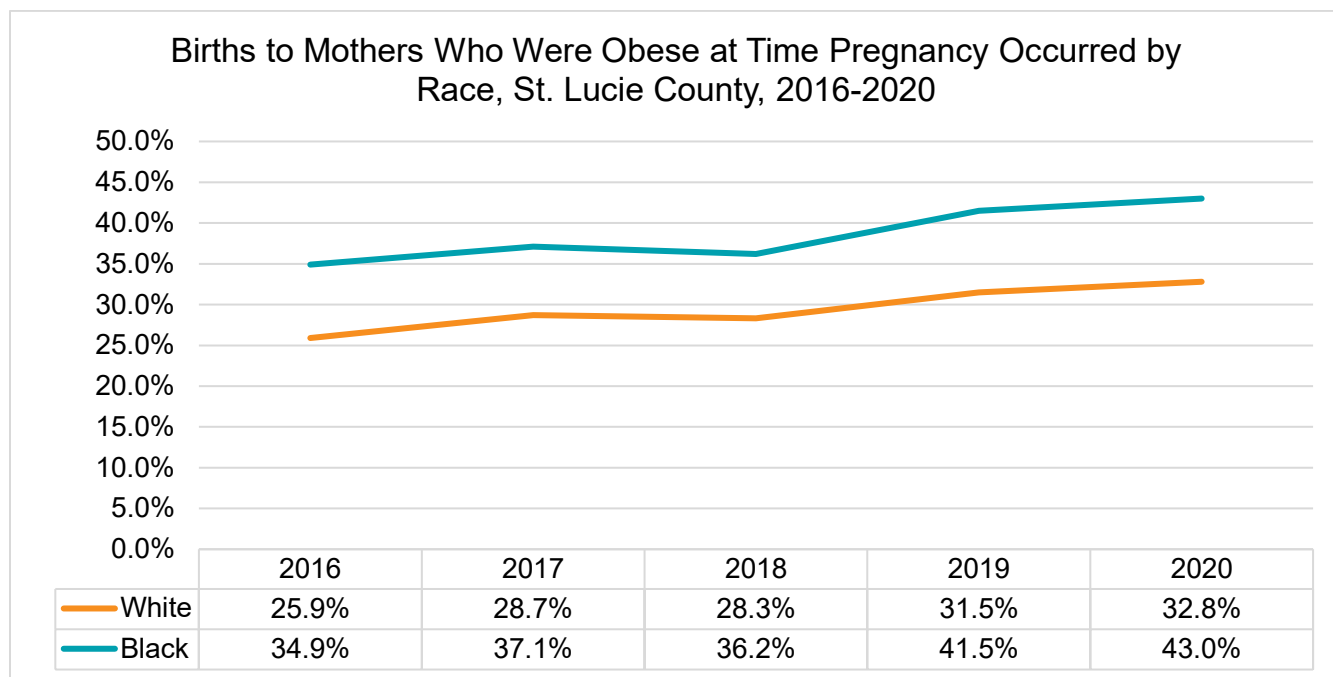
Figure 1: Births to Mothers Who Were Obese at Time Pregnancy Occurred, St. Lucie County and Florida, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2016-2020

The figure below shows the proportion of births to mothers who were obese at the time that pregnancy occurred by **race** in St. Lucie County from 2016 to 2020. There was a slight fluctuation among births to Black mothers who were obese at the time pregnancy occurred, with a decrease from 37.1% in 2017 to 36.2% in 2018, followed by an increase to 43.0% in 2020. Among births to White mothers, there was a similar fluctuation from 28.7% in 2017 to 28.3% in 2018, followed by an increase to 32.8% in 2020. In 2020, 43.0% of Black births were to obese mothers, compared to 32.8% of White births.

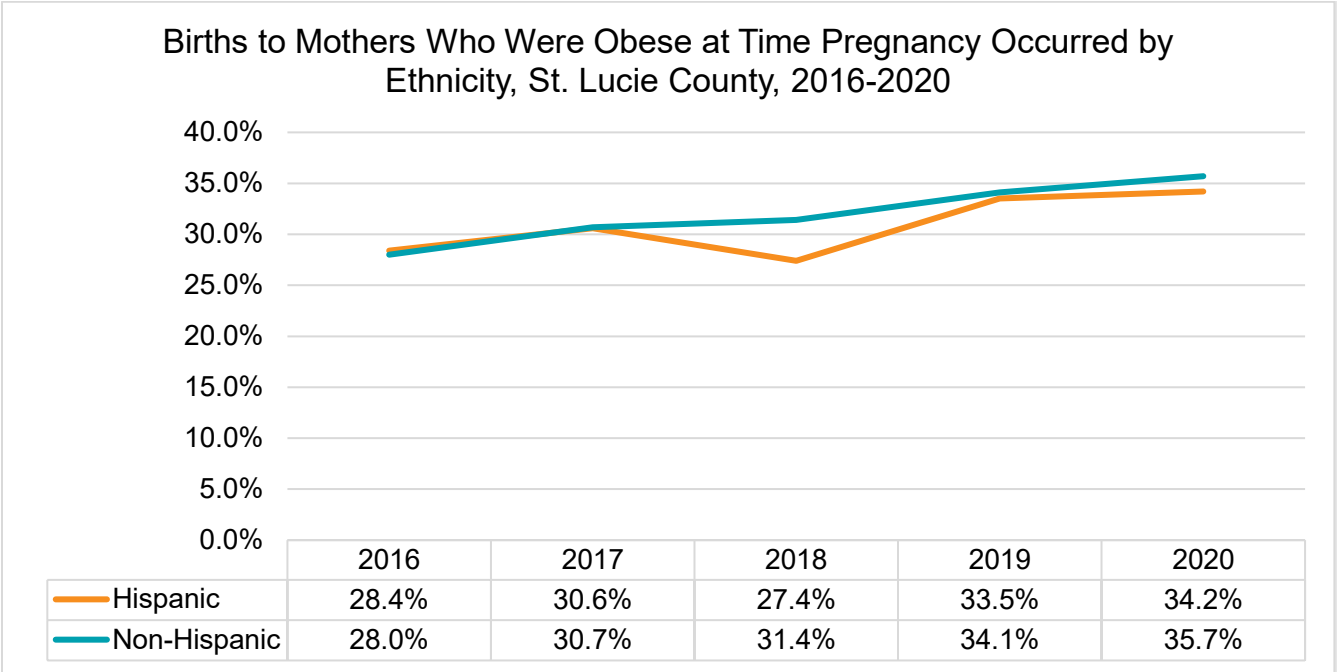
Figure 2: Births to Mothers Who Were Obese at Time Pregnancy Occurred by Race, St. Lucie County, 2016-2020



Source: Florida Department of Health, Bureau of Vital Statistics, 2016-2020

The figure below shows the proportion of births to mothers who were obese at the time that pregnancy occurred by **ethnicity** in St. Lucie County from 2016 to 2020. Despite some fluctuation, both groups reported an overall increase in the percent of births to mothers who were obese at the time pregnancy occurred. In 2020, 35.7% of non-Hispanic births were to obese mothers, compared to 34.2% of Hispanic births.

Figure 3: Births to Mothers Who Were Obese at Time Pregnancy Occurred by Ethnicity, St. Lucie County, 2016-2020

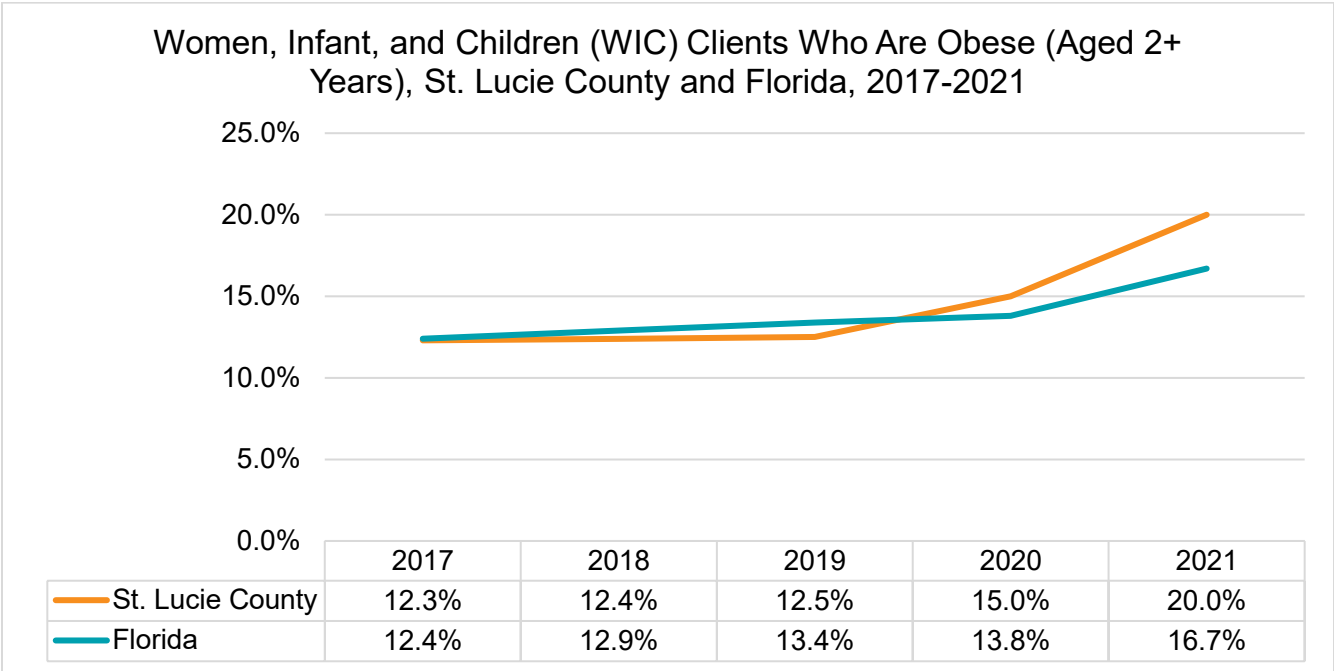


Source: Florida Department of Health, Bureau of Vital Statistics, 2016-2020

B. Obese Women, Infant, and Children (WIC) Clients (Ages 2 Years and Over)

The figure below shows the proportion of obese Women, Infant, and Children (WIC) clients aged 2 years and older in **St. Lucie County** and **Florida** from 2017 to 2021. While a higher proportion of WIC clients were obese in Florida than in St. Lucie from 2017 to 2019, St. Lucie County's proportion recently exceeded the state's proportion from 2020 to 2021. In 2021, the proportion of obese WIC clients aged 2 years and older in St. Lucie County rose to 20.0%, compared to 16.7% of Florida's WIC clients. Notably, this data was not available by specific demographics.

Figure 4: Women, Infant, and Children (WIC) Clients Who Are Obese (Aged 2+ Years), St. Lucie County and Florida, 2017-2021



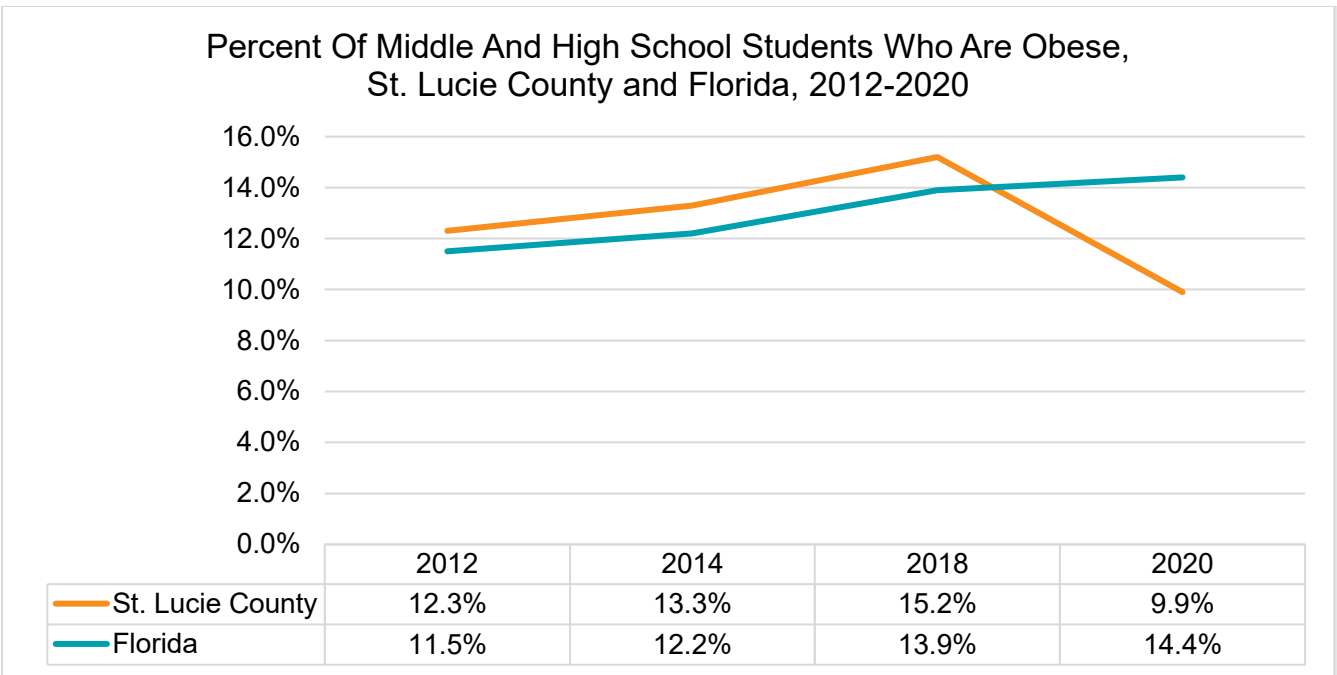
Source: Florida Department of Health, Bureau of Vital Statistics, 2016-2020

C. Middle and High School Students Who Are Obese

The figures below show the proportion of middle and high school students who are obese. To the extent possible, data was disaggregated by specific demographics to highlight any obesity-related health disparities.

The figure below shows the proportion of middle and high school students who were obese in **St. Lucie County** and **Florida** from 2012 to 2020. It is important to note that 2016 data for St. Lucie County was not available. In 2020, 9.9% of middle and high school students in St. Lucie County were obese compared to 14.4% of middle and high school students in Florida.

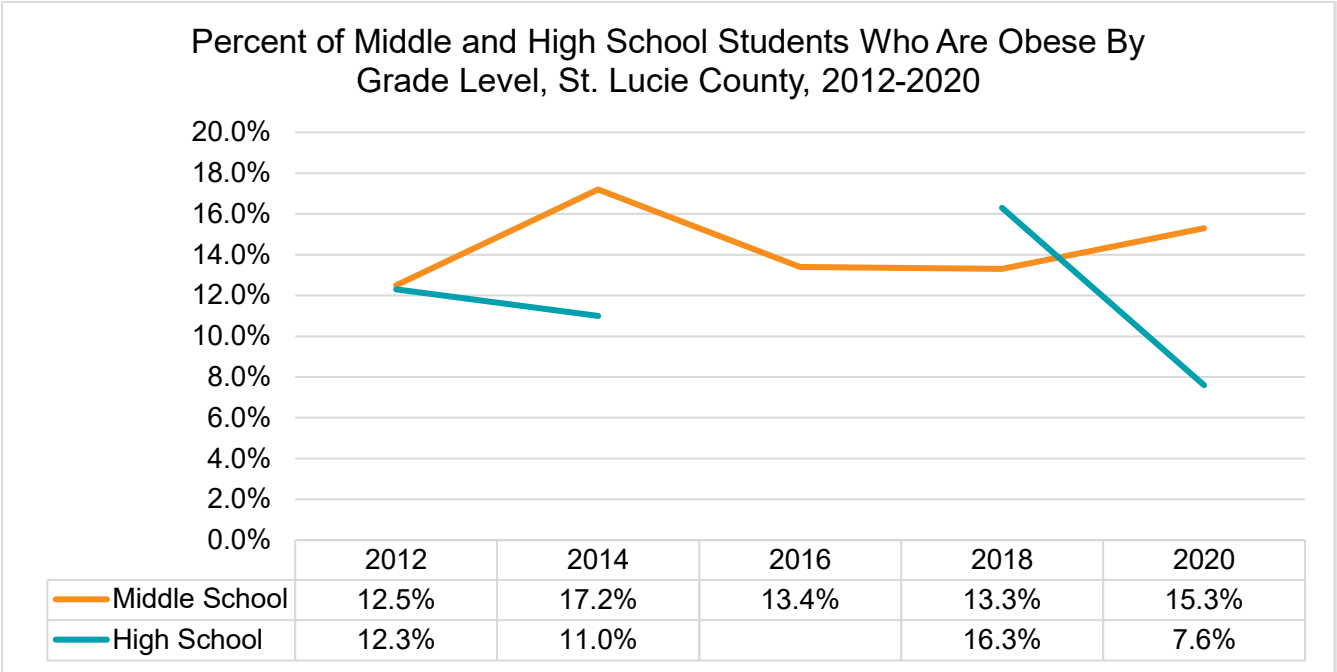
Figure 5: Percent of Middle and High School Students Who are Obese, St. Lucie County and Florida, 2012-2020



Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2012-2020

The figure below shows the proportion of middle and high school students who were obese by **grade level** in St. Lucie County from 2012 to 2020. St. Lucie County high school data was not available in 2016. The proportion of middle and high school students who were obese in St. Lucie County fluctuated during this period. In 2020, 7.6% of high school students in St. Lucie County were obese compared to 15.3% of middle school students.

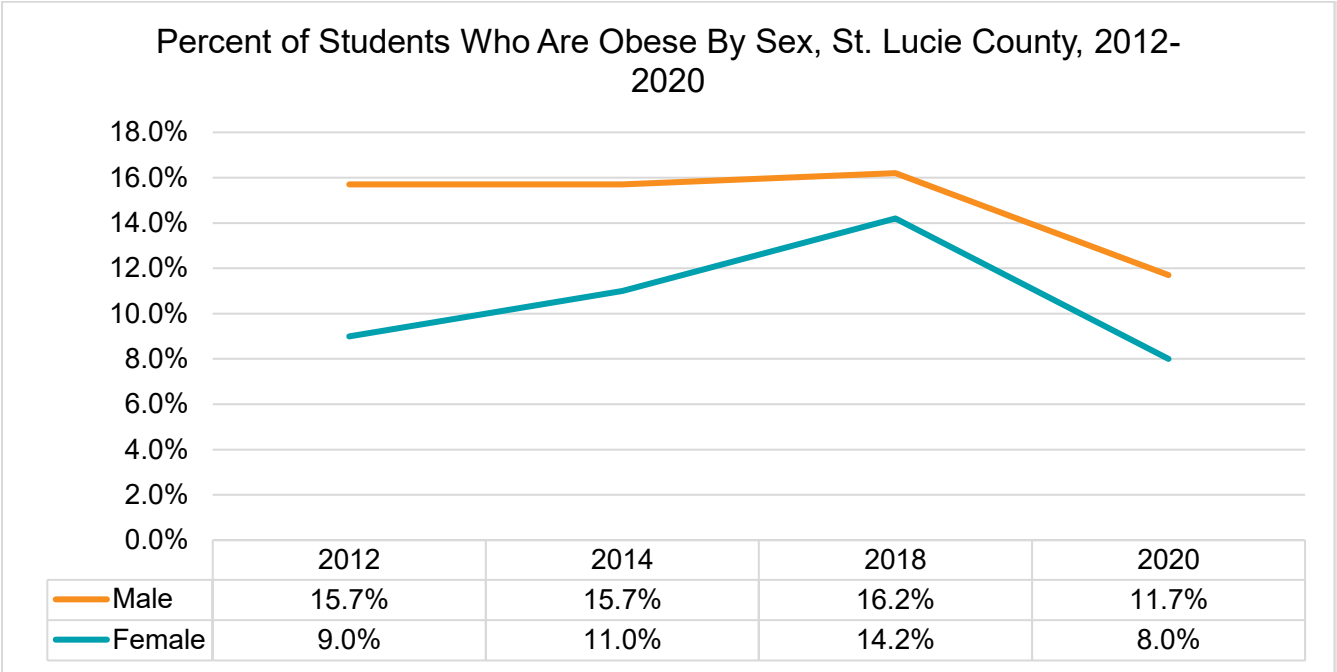
Figure 6: Percent of Middle and High School Students Who are Obese by Grade Level, St. Lucie County, 2012-2020



Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2012-2020

The figure below shows the proportion of middle and high school students who were obese by **sex** in St. Lucie County from 2012 to 2020. Please note that data was not available for 2016. Each reported year, the proportion of obese male students exceeded the proportion of obese female students in St. Lucie County. In 2020, 11.7% of male students in St. Lucie County were obese compared to 8.0% of female students.

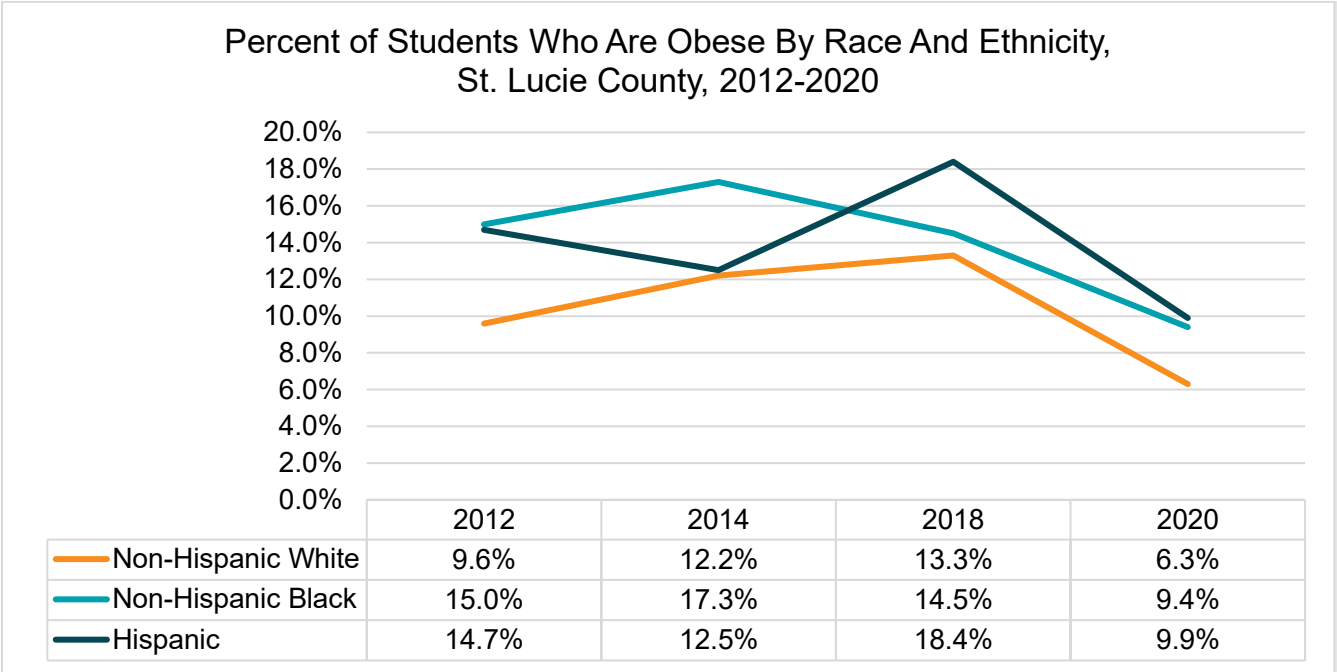
Figure 7: Percent of Students Who are Obese by Sex, St. Lucie County, 2012-2020



Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2012-2020

The figure below shows the proportion of middle and high school students who were obese by **race and ethnicity** in St. Lucie County from 2012 to 2020. This data was not available for 2016. Across all groups, although there was fluctuation, the proportion of students who were obese generally decreased from 2012 to 2020. In 2020, 9.9% of Hispanic students in St. Lucie County were obese compared to 9.4% of non-Hispanic Black students and 6.3% of non-Hispanic White students.

Figure 8: Percent of Students Who Are Obese by Race and Ethnicity, St. Lucie County, 2012-2020



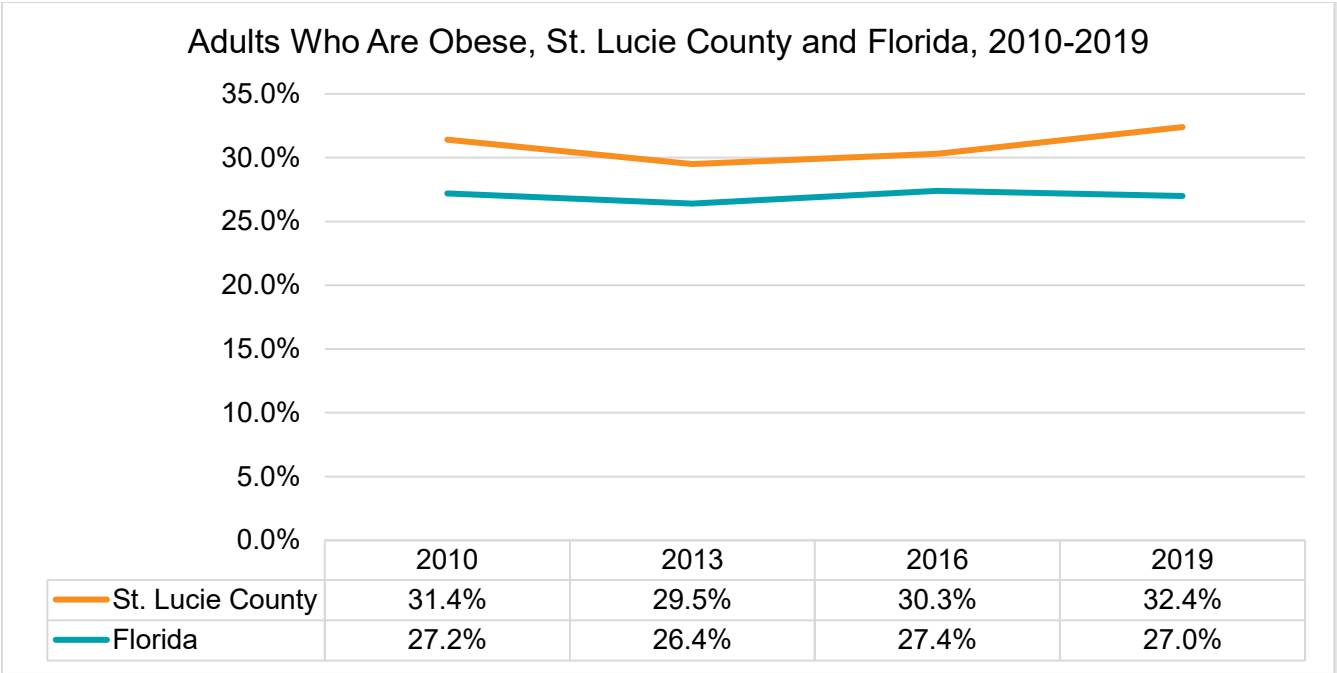
Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2012-2020

D. Adults Who Are Obese

The figures below show the proportion of adults who are obese. To the extent possible, data was disaggregated by specific demographics to highlight any obesity-related health disparities.

The figure below shows the proportion of adults who were obese in **St. Lucie County** and **Florida** from 2010 to 2019. Each year, the proportion of obese adults in St. Lucie County exceeded the proportion of the State of Florida. In 2019, 32.4% of adults in St. Lucie County were obese compared to 27.0% of adults in Florida.

Figure 9: Adults Who Are Obese, St. Lucie County and Florida, 2010-2019



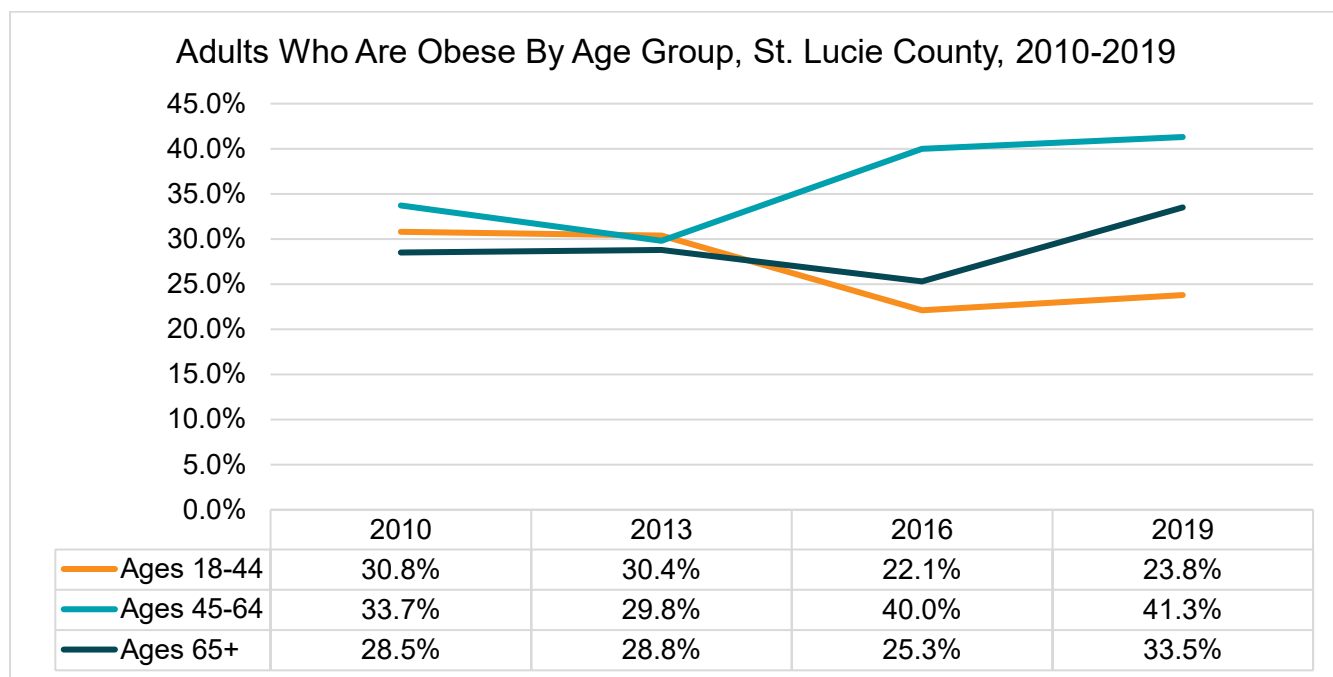
Data Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2010-2019

Florida Department of Health in St. Lucie

Health Equity Plan

The figure below shows the proportion of adults who were obese by **age group** in St. Lucie County from 2010 to 2019. There was a fluctuation in the proportion among the age groups year-to-year. However, in 2019, 41.3% of adults aged 45 to 64 years were obese compared to 33.5% of adults aged 65 years or older and 23.8% of adults aged 18 to 44 years.

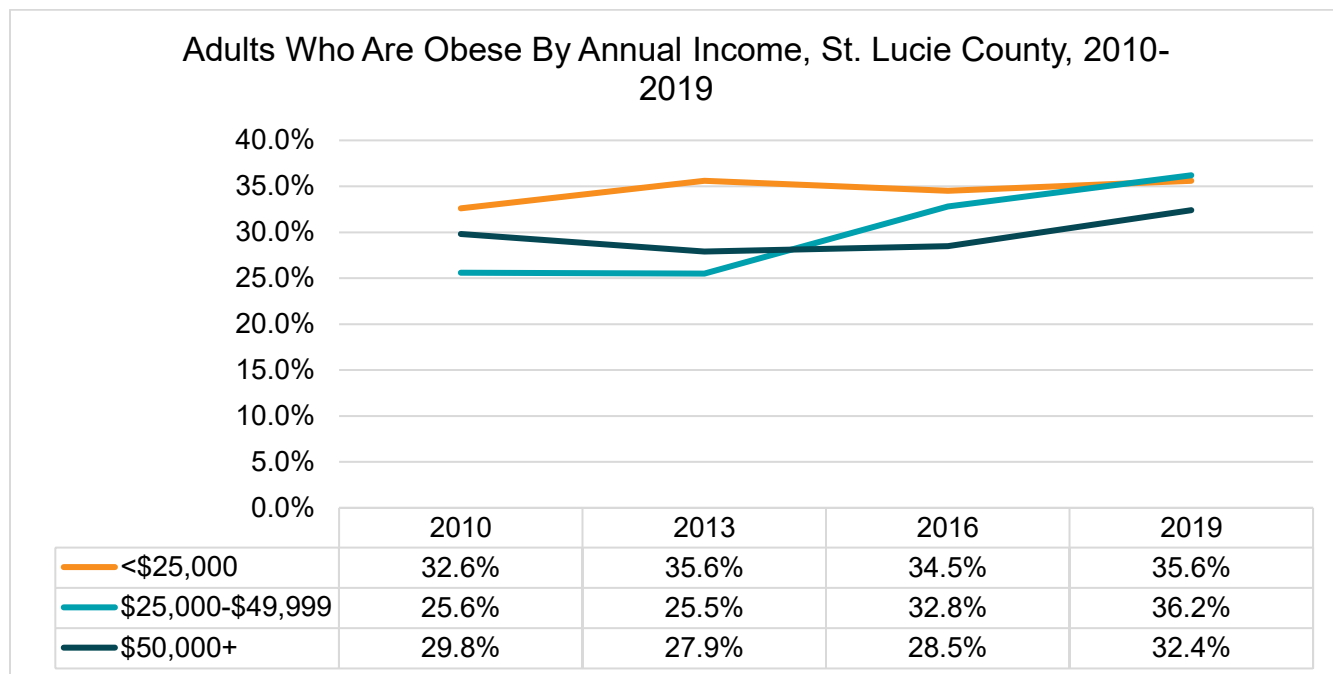
Figure 10: Adults Who Are Obese by Age Group, St. Lucie County, 2010-2019



Data Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2010-2019

The figure below shows the proportion of adults who were obese by **annual income** in St. Lucie County from 2010 to 2019. There was a fluctuation in the proportion of obese adults among income groups year-to-year. However, in 2019, 36.2% of adults with an annual income between \$25,000 to \$49,999 were obese compared to 32.4% of adults with an annual income over \$50,000 and 35.6% of adults with an annual income less than \$25,000.

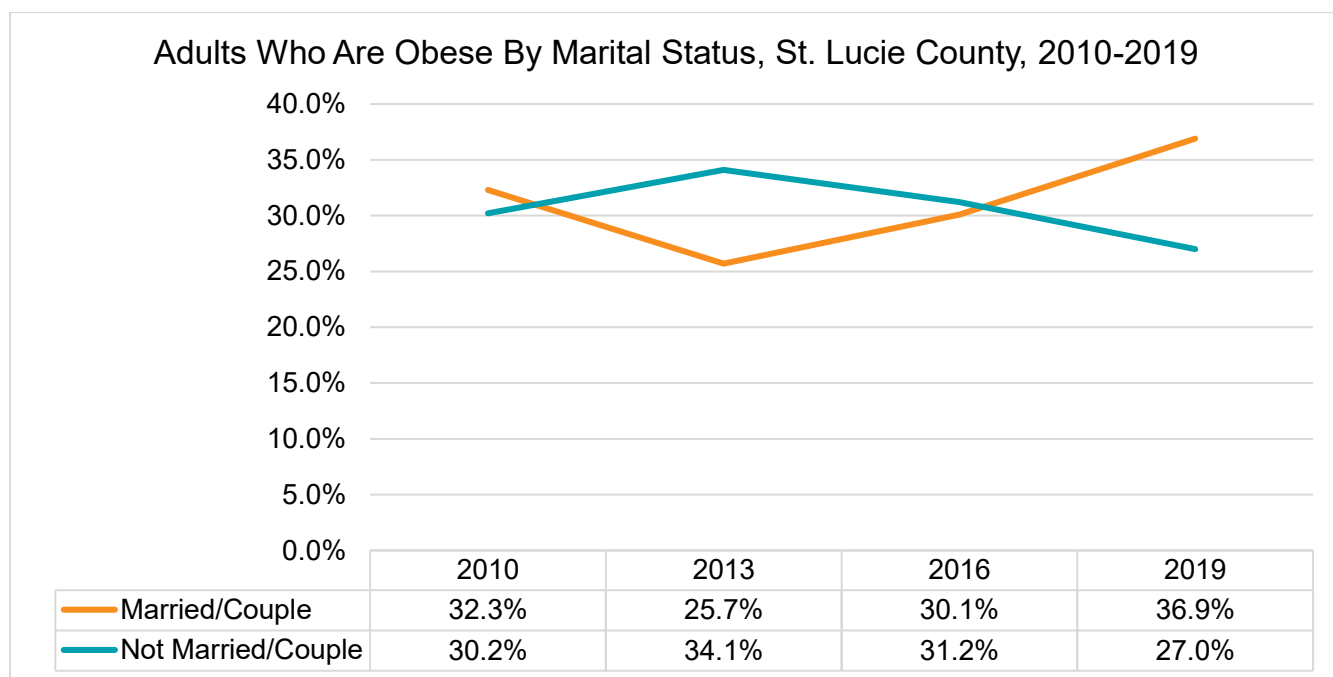
Figure 11: Adults Who Are Obese by Annual Income, St. Lucie County, 2010-2019



Data Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2010-2019

The figure below shows the proportion of adults who were obese by **marital status** in St. Lucie County from 2010 to 2019. Although the proportion of obese non-married adults and obese married adults was close in 2010, the proportion of obese married adults decreased to 25.7% in 2013 while the proportion of obese non-married adults increased to 34.1% in 2013. In 2019, 36.9% of married adults were obese compared to 27.0% of non-married adults. Marital status is an important consideration as there are disparate marital rates among specific prioritized populations, such as Black residents and residents with a disability, who historically have had lower marital rates than their White and non-disabled counterparts.

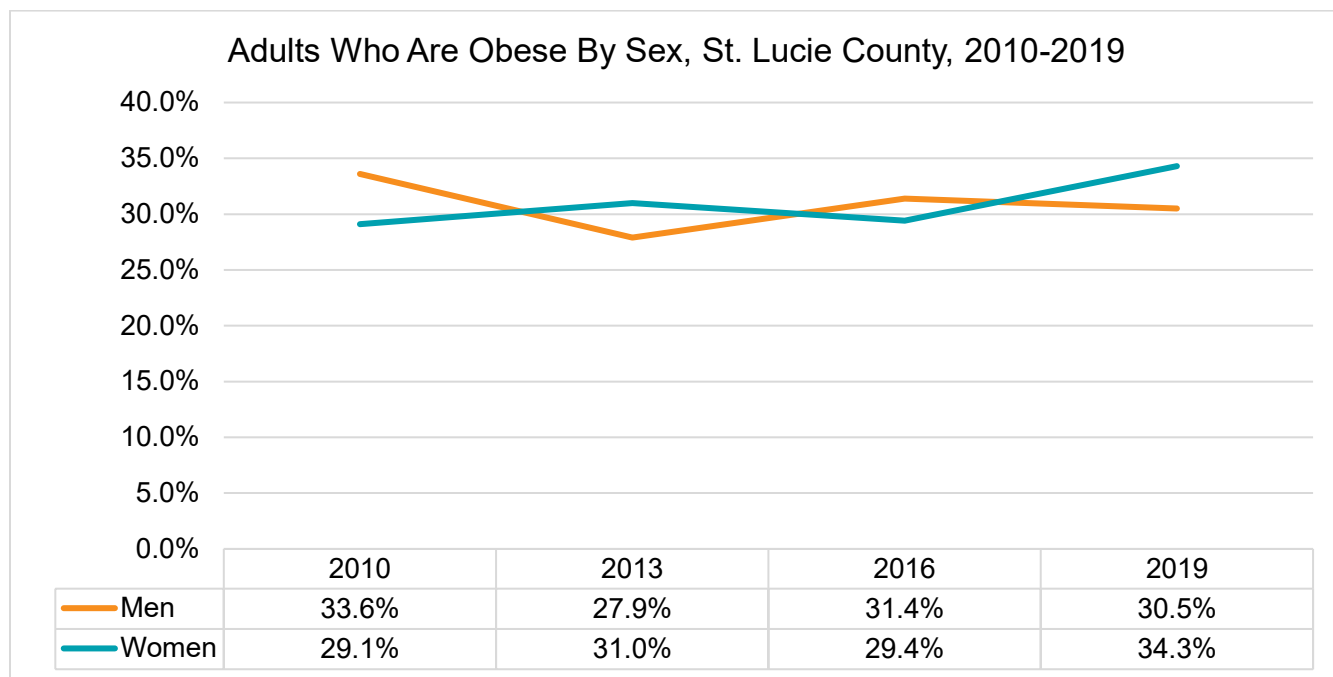
Figure 12: Adults Who Are Obese by Marital Status, St. Lucie County, 2010-2019



Data Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2010-2019

The figure below shows the proportion of adults who were obese by **sex** in St. Lucie County from 2010 to 2019. There was a fluctuation in the obesity proportion among both men and women year-to-year. In 2019, 34.3% of women were obese compared to 30.5% of men in St. Lucie County.

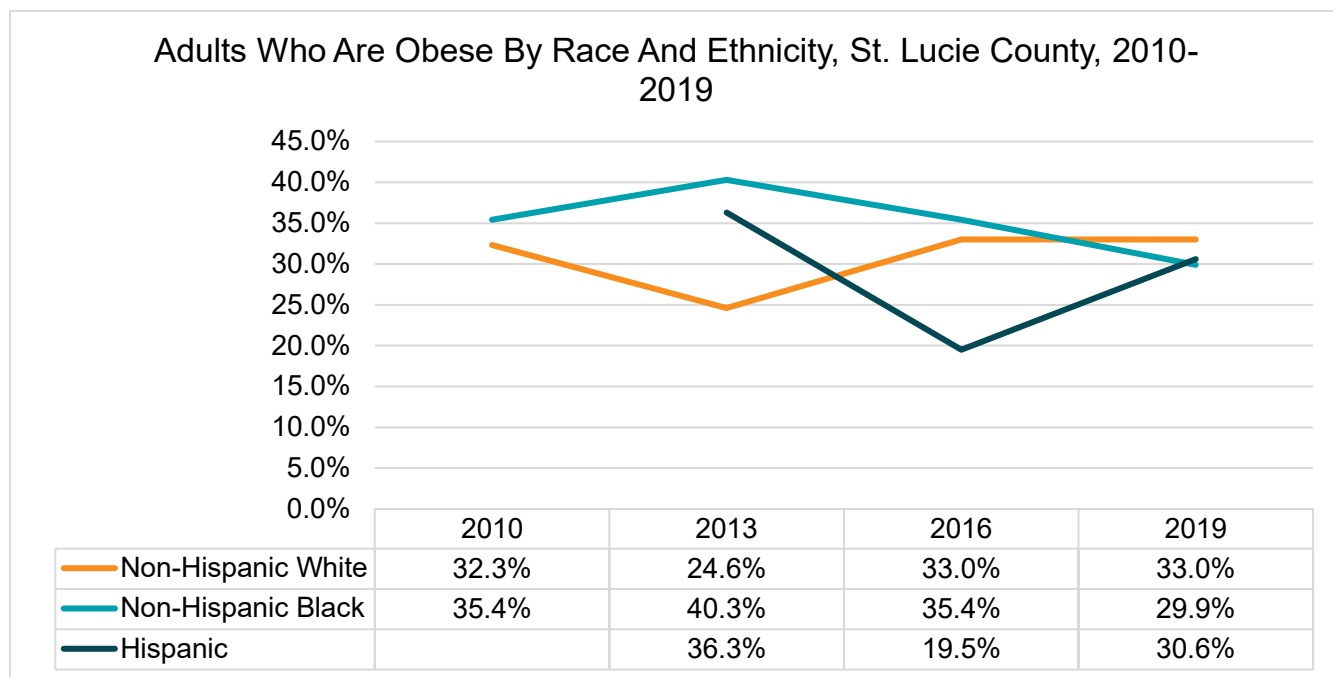
Figure 13: Adults Who Are Obese by Sex, St. Lucie County, 2010-2019



Data Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2010-2019

The figure below shows the proportion of adults who were obese by **race and ethnicity** in St. Lucie County from 2010 to 2019. Data was not available in 2010 for Hispanic residents in St. Lucie County. In 2019, 33.0% of non-Hispanic White adults were obese compared to 30.6% of Hispanic adults and 29.9% of non-Hispanic Black residents. Historically, a much higher proportion of non-Hispanic Black adults were obese compared to their non-Hispanic White counterparts, thus, the HET acknowledges this as an important racial disparity, despite more recent data.

Figure 14: Adults Who Are Obese by Race and Ethnicity, St. Lucie County, 2010-2019



Data Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2010-2019

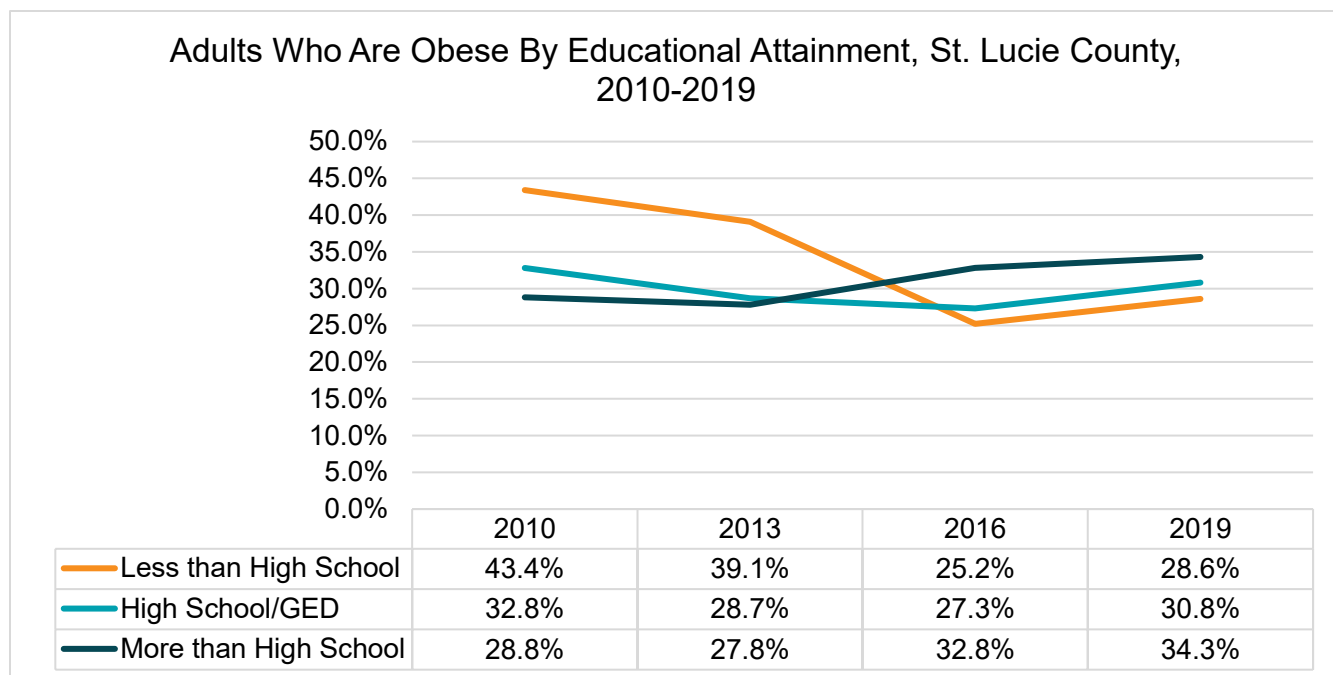
Although there is no county-level data available, national data shows stark obesity-related disparities among **Native Hawaiian and other Pacific Islanders** and **American Indian and Alaska Natives**, compared to **Asians** and non-White Hispanics. In 2018, 48.1% of American Indian and Alaska Native adults were obese compared to 30% of non-Hispanic White adults.⁵ Recent national data also shows that 44.6% of Native Hawaiian and other Pacific Islander adults were obese, while this proportion was only 11% among Asian adults.⁶

⁵ CDC 2020. Summary Health Statistics: National Health Interview Survey: 2018. Table A-15a. <https://www.cdc.gov/nchs/nhis/shs/tables.htm>

⁶ CDC 2015. Health Conditions and Behaviors of Native Hawaiian and Pacific Islander Persons in the United States, 2014. Table 2. https://www.cdc.gov/nchs/data/series/sr_03/sr03_040.pdf

The figure below shows the proportion of adults who were obese by **educational attainment** in St. Lucie County from 2010 to 2019. While the proportion of obese adults with less than a high school education and the proportion of obese adults with a high school education or GED reported an overall decrease from 2010 to 2019, the proportion of obese adults with more than a high school education increased during the same time frame. In 2019, 34.3% of adults with more than a high school education were obese compared to 30.8% of those with a high school education or GED and 28.6% of those with less than a high school education.

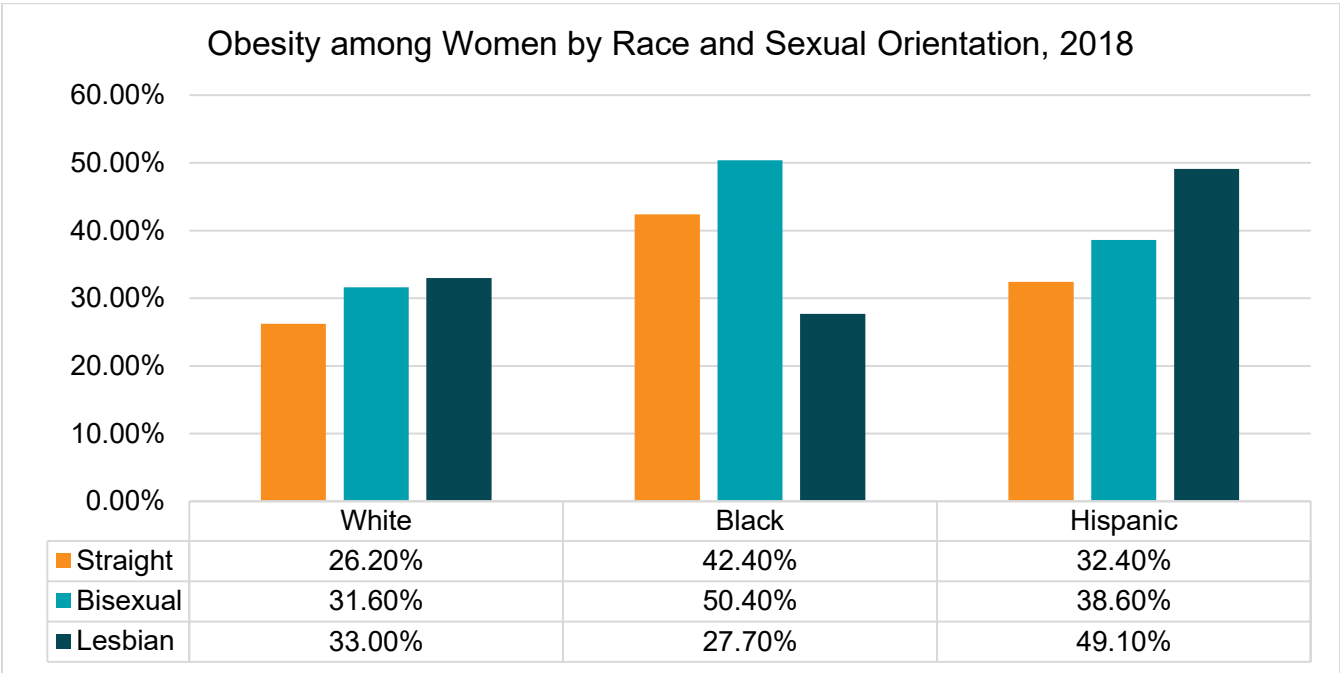
Figure 15: Adults Who Are Obese by Educational Attainment, St. Lucie County, 2010-2019



Data Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2010-2019

Unfortunately, there is no current state or county level obesity data among LGBTQ+ individuals. However, research has found that compared to heterosexual women, **lesbian** and **bisexual women** are more likely to be overweight or obese, less likely to have annual routine physical exams, and more likely not able to seek care due to cost. When disaggregated by race, among White and Hispanic women, higher proportions of lesbians were obese and among Black women, a higher proportion of bisexual women were obese. Among all three racial categories, Black bisexual women and Hispanic lesbians accounted for the highest proportions (50.4% and 49.1%, respectively). Notably, research has also found that **gay men** are less likely to be overweight or obese compared to their straight counterparts.^{7 8}

Figure 16: Obesity among Women by Race and Sexual Orientation, 2018



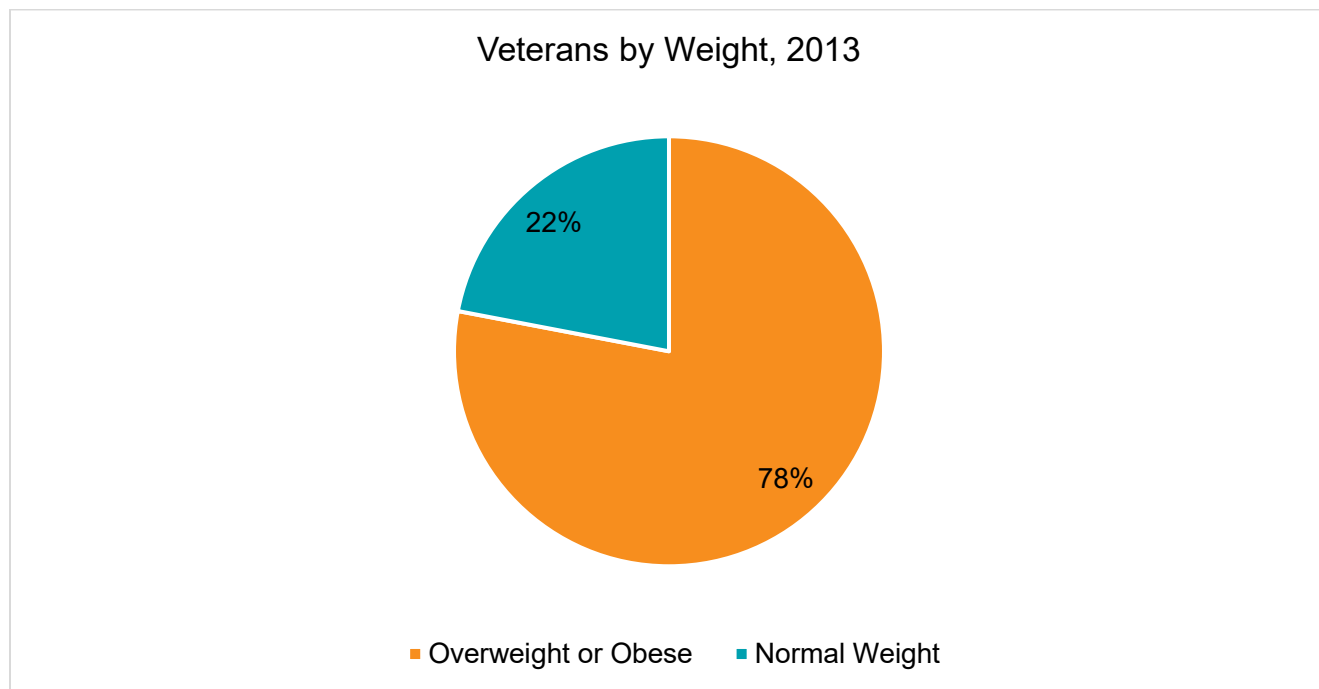
Source: George Washington University. Obesity and LGBTQ Health.

⁷ Struble CB, Lindley LL, Montgomery K, et al. (2010). Overweight and obesity in lesbian and bisexual college women. *J Am College Health*. 59(1):51-6.

⁸ Bloosnich, J.R., Farmer, G.W., Lee, J.G.L. et al. (2010). Health inequalities among sexual minority adults: Evidence from Ten US States. *American Journal of Preventive Medicine*. 46(4): 337-349.

Unfortunately, national, state, and county level data is not currently available for obesity or overweight status among veterans. However, the US Department of Veterans Affairs (VA) estimated that, in 2013, over 165,000 veterans who received their health care from the VA were experiencing morbid obesity. Furthermore, 78% of **veterans** were either overweight or obese at this time.⁹ In St. Lucie County, there were 23,883 veterans as of 2020. If we extrapolate from the national data, approximately 18,629 veterans are overweight or obese in the county.

Figure 17: Veterans by Weight, 2013

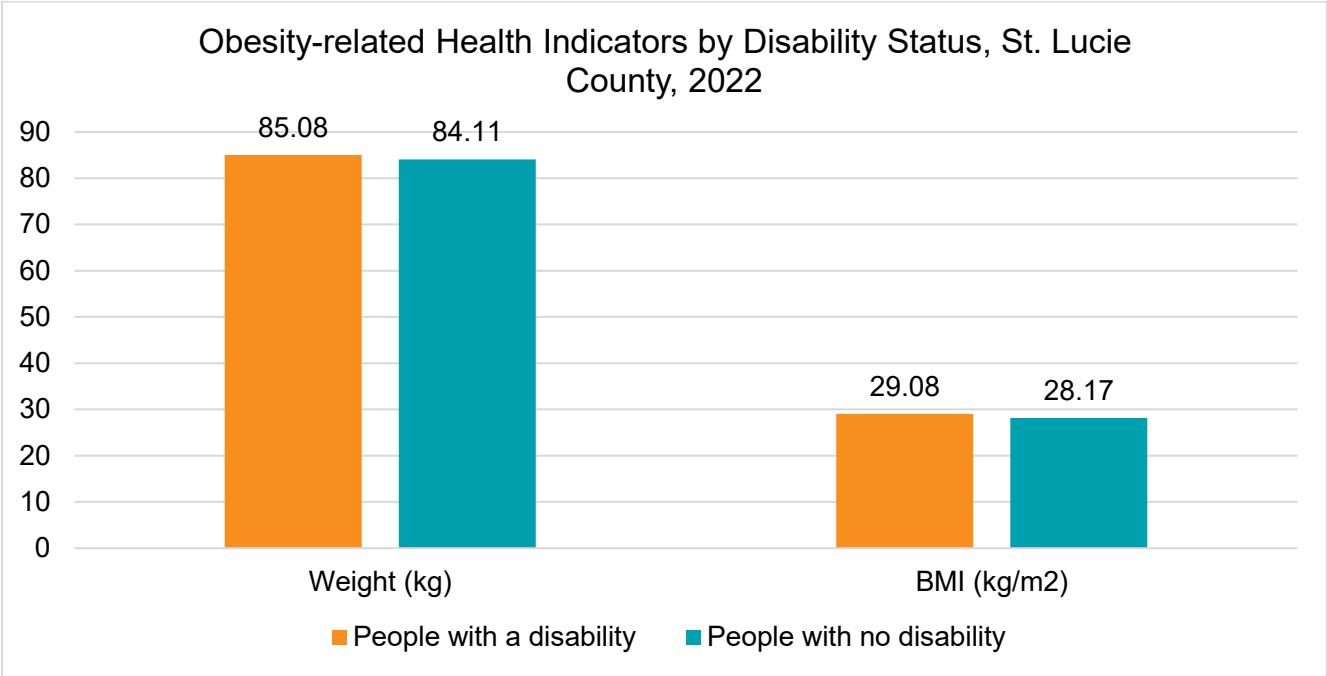


Source: US Department of Veterans Affairs, 2013

⁹ US Department of Veterans Affairs. Office of Research and Development. Obesity. Retrieved from: <https://www.research.va.gov/topics/obesity.cfm>

Recently, the State completed a statewide review on health disparities experienced by **people living with disabilities**. The figure below shows obesity-related indicators by disability status in St. Lucie County. Although the descriptive statistics revealed no significant differences, notably, people living with a disability had both a higher mean weight and higher mean BMI, compared to people living without a disability.

Figure 18: Obesity-related Health Indicators by Disability Status, St. Lucie County, 2022



Source: Knowli Data Science and the FSU Claude Pepper Center Faculty, 2022

VIII. SOCIAL DETERMINANTS OF HEALTH DATA

Social Determinants of Health (SDOH) are conditions in the places where people live, learn, work, and play that affect a wide range of health and quality-of life-risks and outcomes. The SDOH are broken into the following categories: education access and quality, health care access and quality, neighborhood and built environment, social and community context, and economic stability. The Health Equity Team identified multiple SDOH that impact obesity.



Important Note: LGBTQ+ Data

To the extent possible, data was disaggregated by specific priority populations and key demographics. Unfortunately, there is no data for LGBTQ+ populations available in Florida beyond the number of unmarried same-sex households. In 2018, 17,272 (3.5%) of unmarried-partner households in Florida were among male householders with male partners, while 13,972 (2.8%) were among female householders with female partners. However, national data have been included from the Trevor Project National Survey on LGBTQ Youth Mental Health and the National Transgender Discrimination Survey. The HET has reached out to establish relationships with two local LGBTQ+ groups in the Treasure Coast and will engage them in future Taskforce meetings to ensure adequate representation and participation.

A. Education Access and Quality



Education Access and Quality data for St. Lucie County

Education access and quality are key Social Determinants of Health. According to research, education is strongly associated with life expectancy, morbidity, and health behaviors.¹⁰ Furthermore, educational attainment plays a significant role in shaping opportunities, such as employment, income, and health insurance coverage, which can further propel or inhibit individuals in society. As a result, different educational attainment levels can lead to differences in income, impacting an individual's access to fresh, healthy foods and housing in neighborhoods with increased opportunities for physical activity, resulting in a higher risk for obesity. The subsequent impacts of lower educational attainment, and the decreased opportunities that are presented to residents, as a result, can lead to higher levels of stress and poorer health outcomes, making education access and quality an imperative component of health equity and addressing obesity-related disparities.¹¹

The following data explores education access and quality in St. Lucie County. It is important to note that, despite concerted efforts to include vulnerable population data, disaggregated data was not available for all populations across all indicators, such as American Indian and Alaska Natives, Asians, Native Hawaiians, Hispanic and Latino residents, elders, infants and toddlers, people living with disabilities, veterans, people identifying as LGBTQ+, and immigrants. However, wherever data gaps existed at the county-level, attempts were made to include either state-level or national-level data to highlight historical disparities.

¹⁰ The Lancet Public Health. (2020). Education: a neglected social determinant of health. The Lancet (5)7. [https://doi.org/10.1016/S2468-2667\(20\)30144-4](https://doi.org/10.1016/S2468-2667(20)30144-4)

¹¹ Healthy People 2030. (2022). Education access and quality. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/education-access-and-quality>

School District Grades

The table below shows St. Lucie County School District grades and related details from 2016 to 2021. St. Lucie County reported a 93% graduation rate during the 2019 to 2020 academic school year. In 2016, the school district received a “C” on the statewide accountability report; however, St. Lucie County has maintained a “B” on the accountability report from 2017 to 2021. Educational achievement in early childhood is associated with better test scores and grades, and the likelihood of attaining higher educational levels. In contrast, lower educational attainment is linked to lower socioeconomic status, which is associated with poorer health outcomes, including higher rates of chronic disease and obesity.^{12 13} Thus, the HET is looking into future community projects to improve education access and quality.

Figure 19: School District Grades, St. Lucie County, 2021

District Number/Name	56, St. Lucie
English Language Arts Achievement	48
Mathematics Achievement	40
Science Achievement	52
Social Studies Achievement	62
Middle School Acceleration	68
Graduation Rate 2019-20	93%
Grade 2021	B
Grade 2019	B
Grade 2018	B
Grade 2017	B
Grade 2016	C

Source: Florida Department of Education, Florida School Accountability Reports, 2021

LGBTQ+ Youth School Experiences

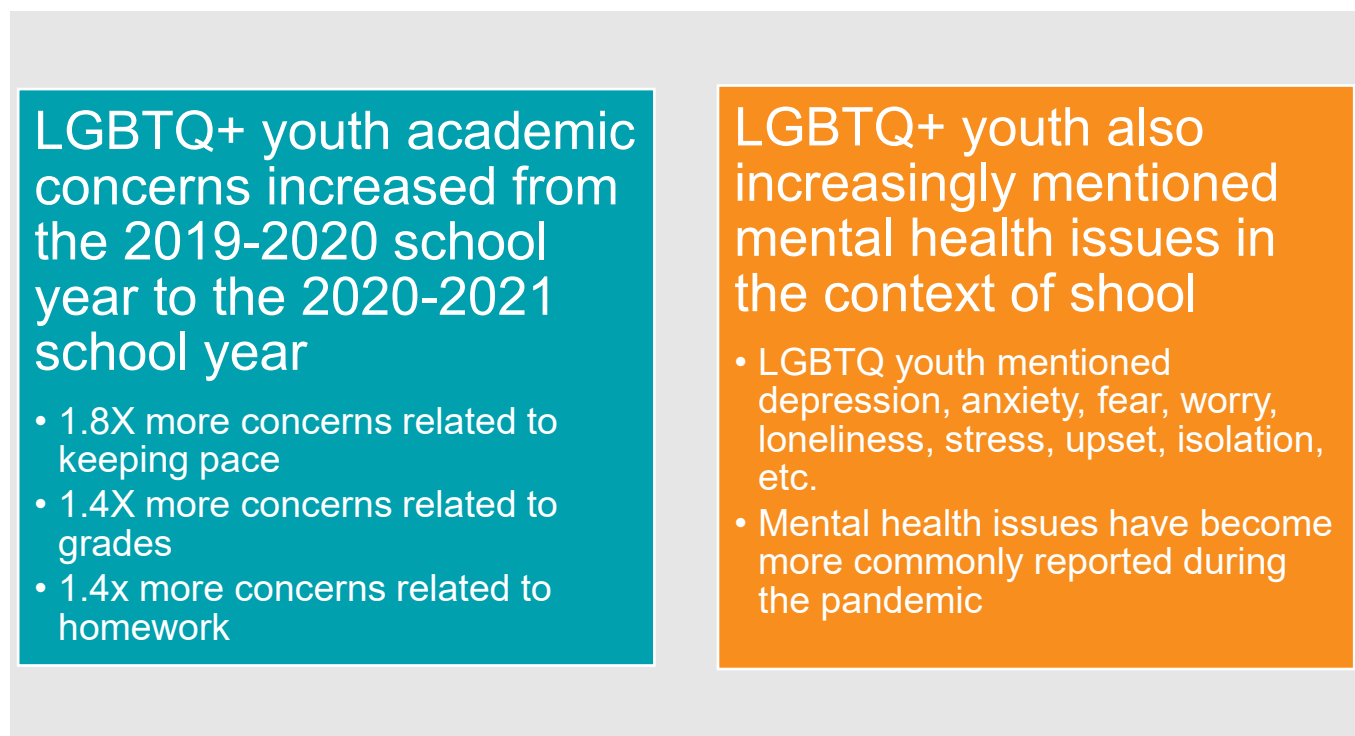
Unfortunately, there is no current county or state-level school data specific to **LGBTQ+ residents**. However, the Trevor Project analyzed data on LGBTQ+ youth nationwide who received crisis and counseling services. The analysis conducted found that in more recent years, academic performance and mental health concerns significantly increased among LGBTQ+ youth ages 13 to 24. Additionally,

¹² Tulane School of Public Health and Tropical Medicine (2021). Education as a Social Determinant of Health. Retrieved from: <https://publichealth.tulane.edu/blog/social-determinant-of-health-education-is-crucial/>

¹³ National Institutes of Health (2018). Early childhood program linked to higher education levels. Retrieved from: <https://www.nih.gov/news-events/nih-research-matters/early-childhood-program-linked-higher-education-levels>

the National Transgender Discrimination Survey found that Florida K-12 students of **trans experience** reported staggering rates of harassment (78%), physical assault (41%), and sexual violence (10%), resulting in 14% leaving their school.¹⁴ The HET will consider future community projects aimed at improving education quality and school experiences among LGBTQ youth.

Figure 20: LGBTQ+ Youth School Experiences, 2021



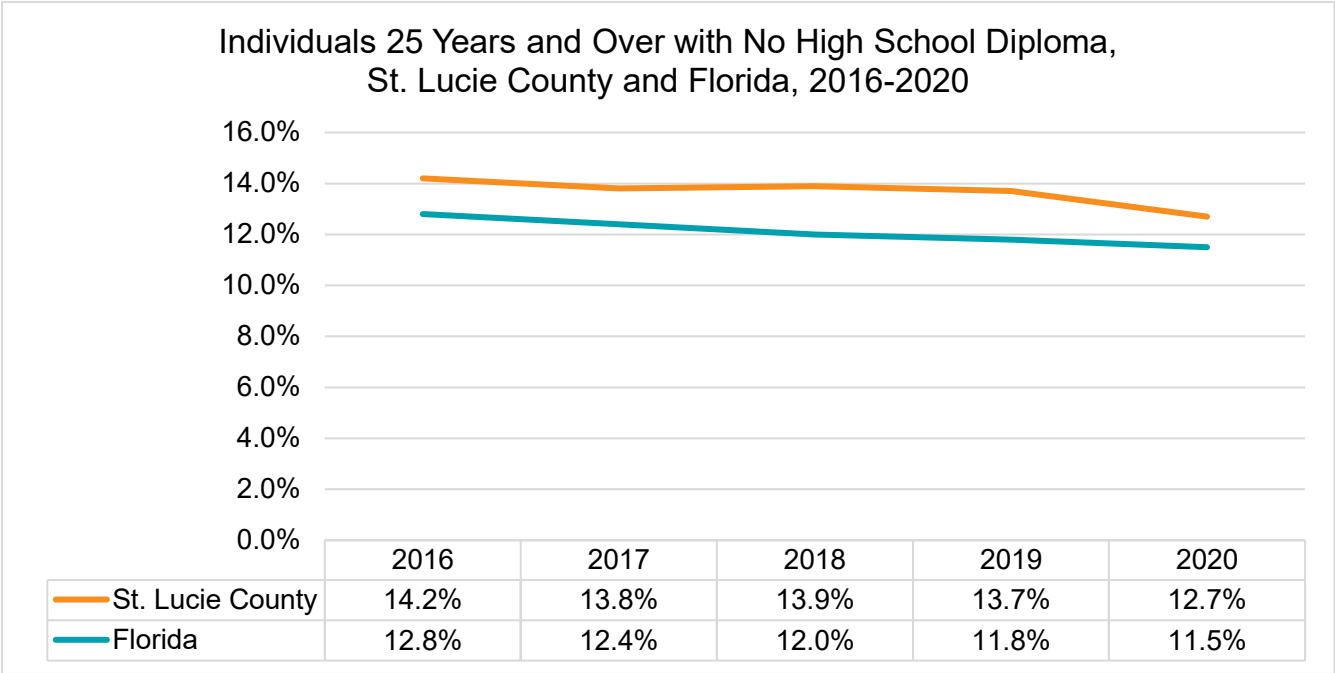
Source: The Trevor Project, National LGBTQ Youth Mental Health Survey, 2021

¹⁴ National Center for Transgender Equality and the National Gay and Lesbian Task Force. 2012. Florida Results. Retrieved from: https://transequality.org/sites/default/files/docs/resources/ntds_state_fl.pdf

Individuals 25 Years and Over with No High School Diploma

Individuals with no high school diploma are more likely to be unemployed or employed in low-wage jobs, live below the poverty level, and have worse social and health outcomes compared to those who receive a high school diploma.¹⁵ Educational attainment, mainly due to its association with other socioeconomic indicators, is correlated with obesity.¹⁶ The figure below shows the proportion of individuals 25 years and over with no high school diploma in **St. Lucie County** and **Florida** from 2016 to 2020. Overall, there was a general decrease in the proportion of individuals 25 years and over with no high school diploma in both St. Lucie County and Florida from 2016 to 2020. However, each year, the proportion of individuals 25 years and over with no high school diploma in St. Lucie County exceeded that of the State. In 2020, the proportion of individuals 25 years and over with no high school diploma in St. Lucie County was 12.7%, compared to Florida at 11.5%. The HET is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 21: Individuals 25 Years and Over with No High School Diploma, St. Lucie County and Florida, 2016-2020



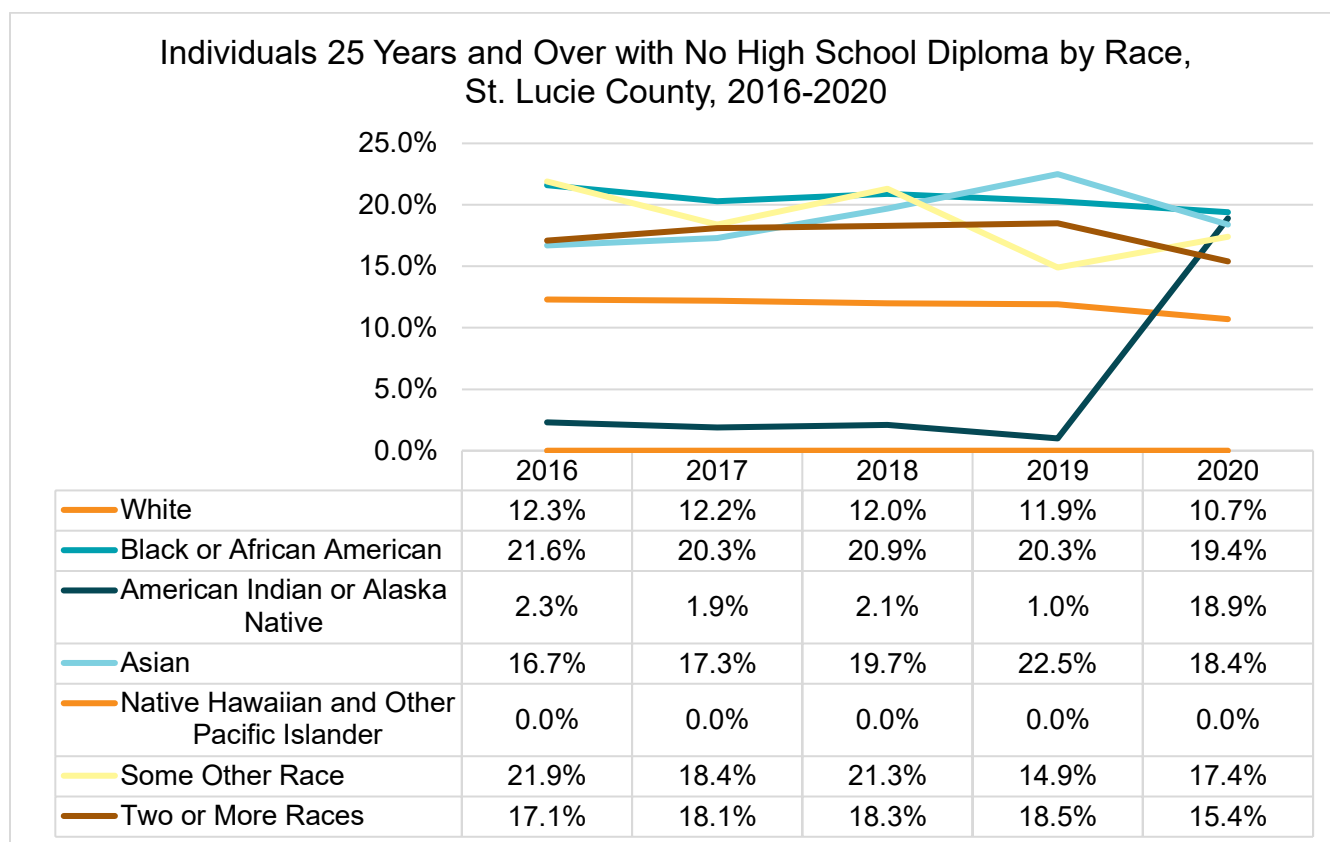
Source: US Census Bureau, American Community Survey, 2016-2020

¹⁵ Messacar, D., & Oreopoulos, P. (2012). Staying in school: A proposal to raise high school graduation rates. Hamilton Project, Brookings.

¹⁶ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

The figure below shows the proportion of individuals 25 years and over with no high school diploma by **race** in St. Lucie County from 2016 to 2020. Between 2016 to 2020, there was a fluctuation in the proportion of individuals 25 years and over with no high school diploma by race. In 2020, the proportion of Black individuals 25 years and over with no high school diploma was the highest in St. Lucie County at 19.4%, followed by American Indian or Alaskan Native individuals at 18.9%, Asian individuals at 18.4%, individuals of some other race at 17.4%, individuals of two or more races at 15.4%, and White individuals at 10.7%. As mentioned earlier, educational attainment, due to its association with other socioeconomic factors, is correlated with obesity.¹⁷ The HET is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 22: Individuals 25 Years and Over with No High School Diploma by Race, St. Lucie County, 2016-2020

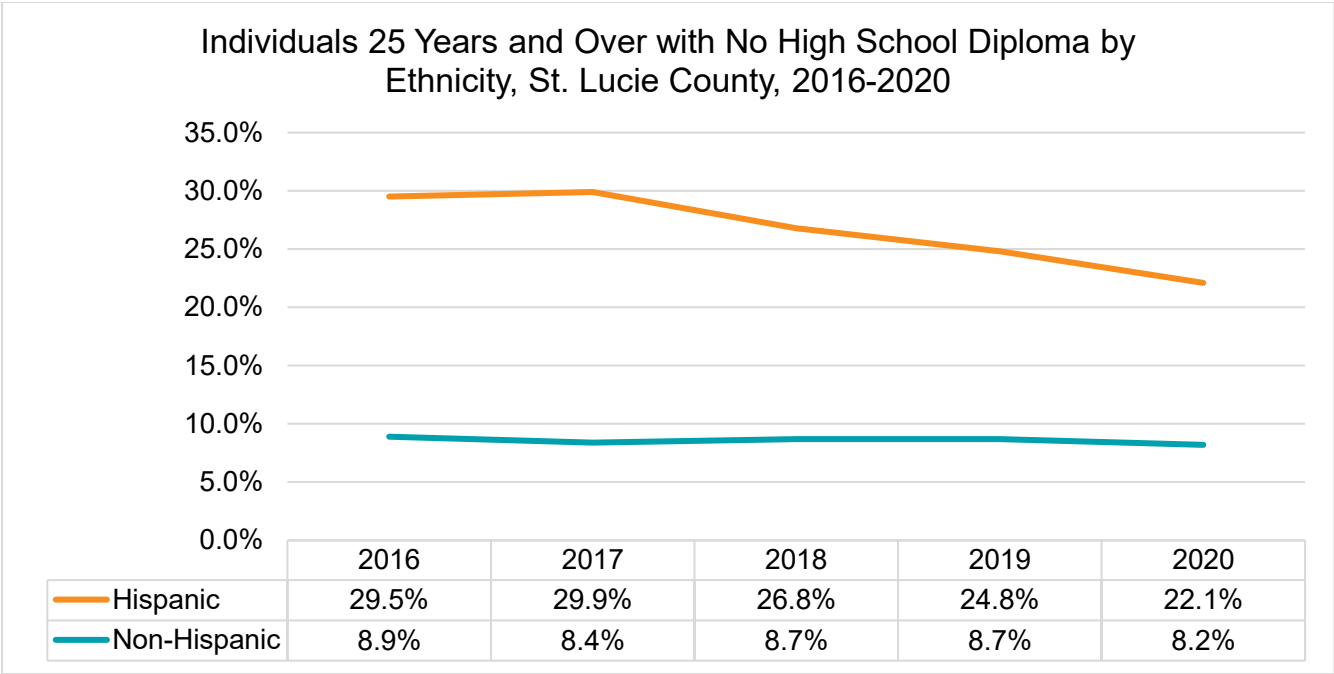


Source: US Census Bureau, American Community Survey, 2016-2020

¹⁷ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

The figure below shows the proportion of individuals 25 years and over with no high school diploma by **ethnicity** in St. Lucie County from 2016 to 2020. Overall, the proportion of Hispanic and non-Hispanic individuals aged 25 years and over with no high school diploma decreased from 2016 to 2020 in St. Lucie County, although Hispanic residents’ proportions were consistently higher than those of non-Hispanic residents. In 2016, 29.5% of Hispanic individuals 25 years and over did not have a high school diploma, compared to 8.9% of non-Hispanic individuals. Similarly, in 2020, the proportion of Hispanic individuals 25 years and over with no high school diploma was 22.1%, compared to non-Hispanic individuals at 8.2%. As mentioned earlier, educational attainment, due to its association with other socioeconomic factors, is correlated with obesity.¹⁸ The St. Lucie County Health Equity Taskforce is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 23: Individuals 25 Years and Over with No High School Diploma by Ethnicity, St. Lucie County, 2016-2020

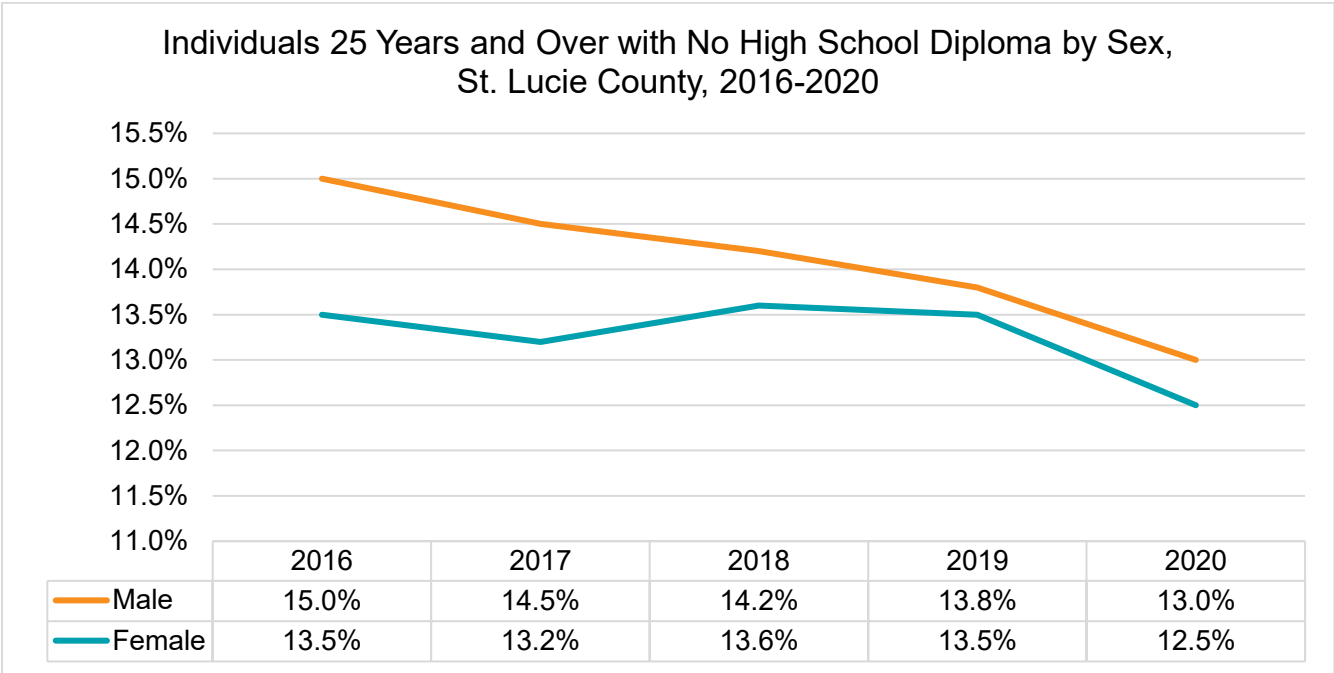


Source: US Census Bureau, American Community Survey, 2016-2020

¹⁸ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

The figure below shows the proportion of individuals 25 years and over with no high school diploma by **sex** in St. Lucie County from 2016 to 2020. Overall, both groups reported a decreased proportion of individuals with no high school diploma in 2020 as compared to 2016, although males consistently reported a higher proportion compared to females in recent years. In 2016, the proportion of males 25 years and over with no high school diploma was 15.0%, compared to females at 13.5%. In 2020, the proportion of males 25 years and over with no high school diploma in St. Lucie County was 13.0% compared to females at 12.5%. As mentioned earlier, educational attainment, due to its association with other socioeconomic factors, is correlated with obesity.¹⁹ The HET is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 24: Individuals 25 Years and Over with No High School Diploma by Sex, St. Lucie County, 2016-2020



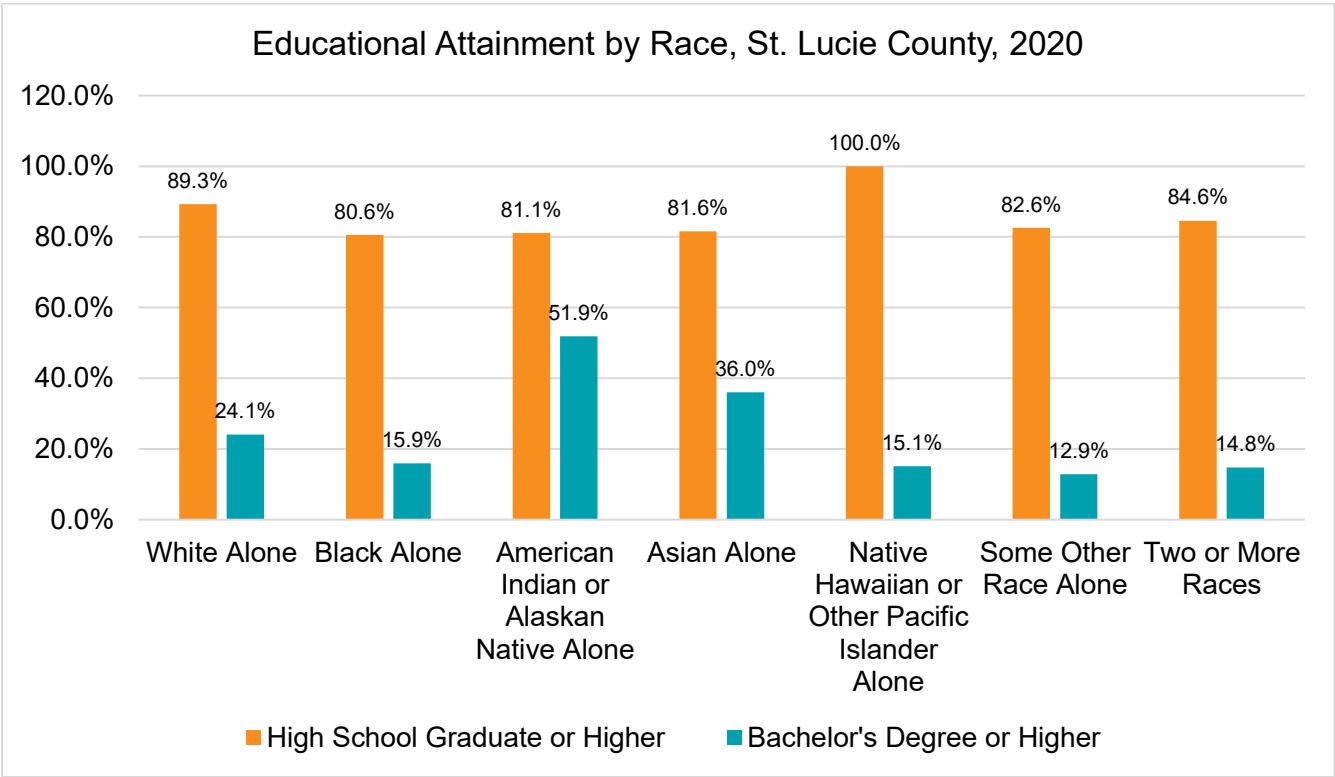
Source: US Census Bureau, American Community Survey, 2016-2020

¹⁹ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

Educational Attainment

The figure below shows educational attainment by **race** in St. Lucie County in 2020. In 2020, attainment of a high school education or higher was greater for each racial group compared to the attainment of a bachelor’s degree or higher. It is notable that 80.6% of Black residents reached high school graduation or higher, the lowest proportion of all races reported. Obtainment of a bachelor’s degree or higher was greatest among American Indian or Alaska Native residents at 51.9%. As mentioned earlier, educational attainment, due to its association with other socioeconomic factors, is correlated with obesity.²⁰ The HET is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 25: Educational Attainment by Race, St. Lucie County, 2020

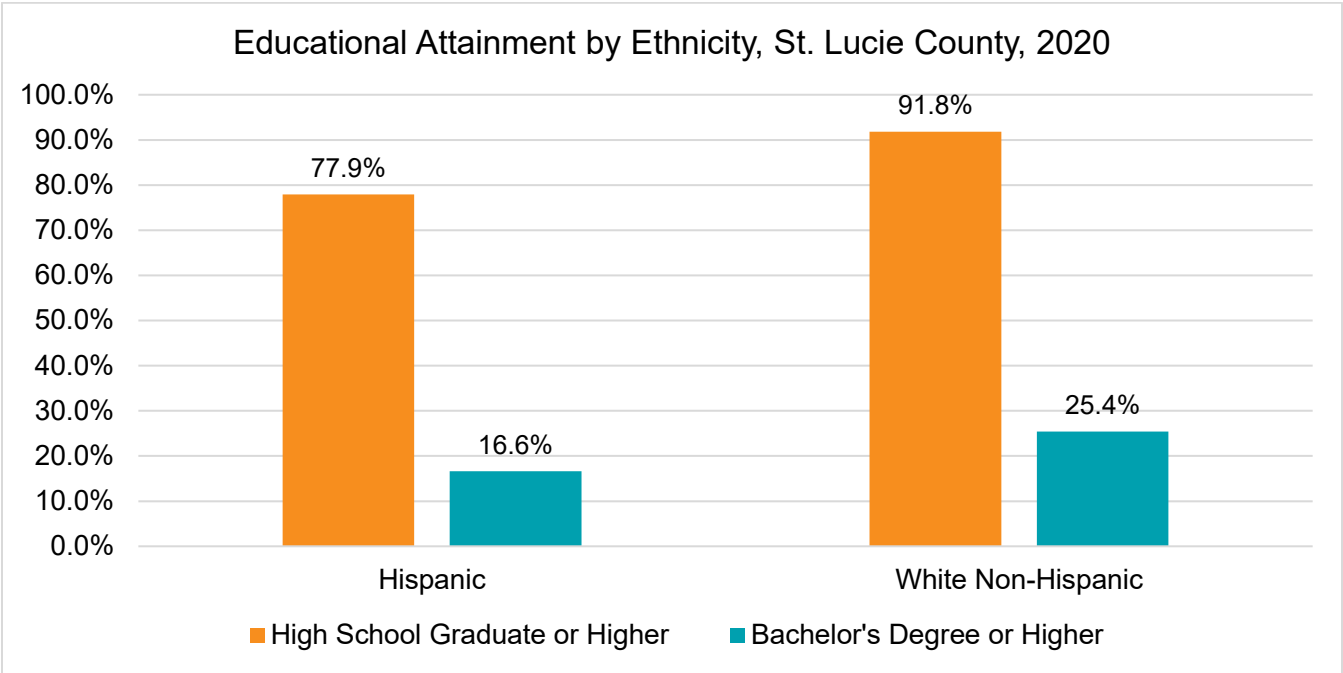


Source: US Census Bureau, American Community Survey, 2020

²⁰ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

The figure below shows educational attainment by **ethnicity** in St. Lucie County. In 2020, both Hispanic and non-Hispanic individuals reported a higher proportion of residents with a high school education or higher compared to those with a bachelor's degree or higher. The proportion of Hispanic individuals who attained a high school education or higher was 77.9%, compared to White non-Hispanic individuals at 91.8%. The proportion of Hispanic individuals who attained a bachelor's degree or higher was 16.6%, compared to White non-Hispanic individuals at 25.4%. As mentioned earlier, educational attainment, due to its association with other socioeconomic factors, is correlated with obesity.²¹ The HET is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 26: Educational Attainment by Ethnicity, St. Lucie County, 2020

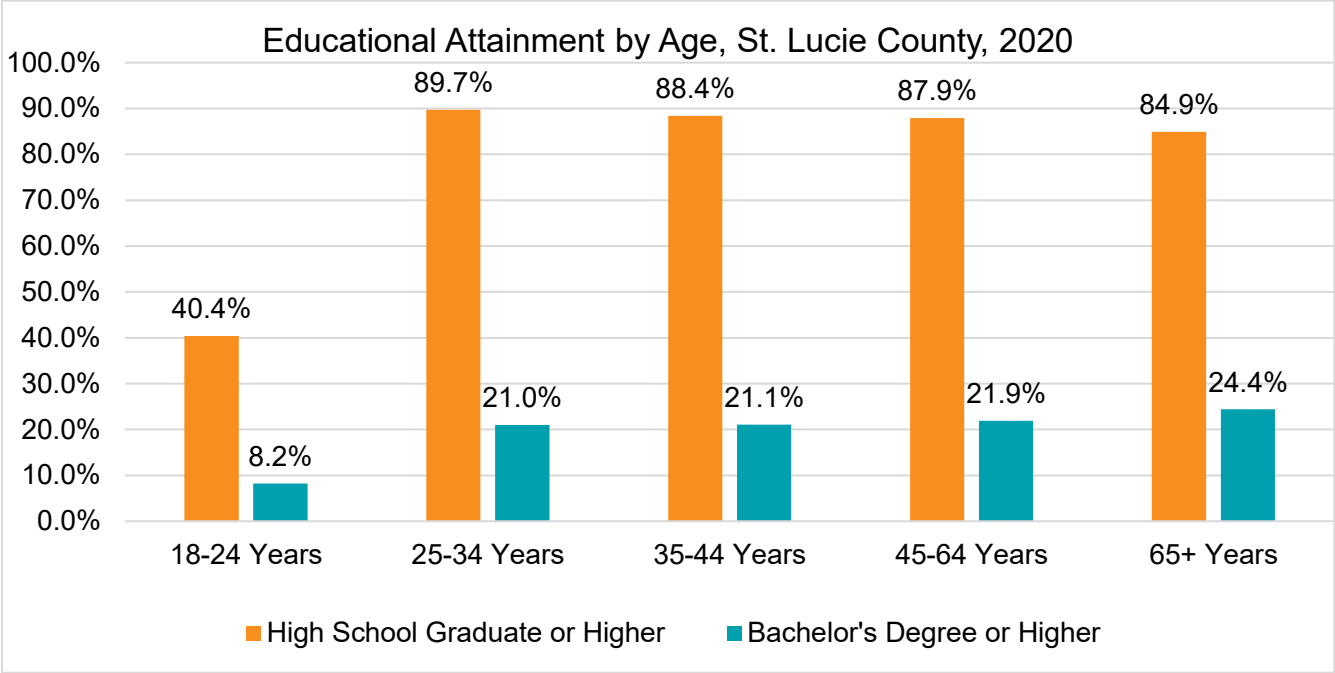


Source: US Census Bureau, American Community Survey, 2020

²¹ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

The figure below shows educational attainment by **age** in St. Lucie County in 2020. In 2020, attainment of a high school education or higher was greater in each age group compared to attainment of a bachelor’s degree or higher. The highest proportion of individuals who attained a high school education or higher were those between the ages of 25 to 34 years at 89.7%. The highest proportion of individuals who attained a bachelor’s degree or higher were those 65 years and older at 24.4%. As mentioned earlier, educational attainment, due to its association with other socioeconomic factors, is correlated with obesity.²² The HET is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 27: Educational Attainment by Age, St. Lucie County, 2020

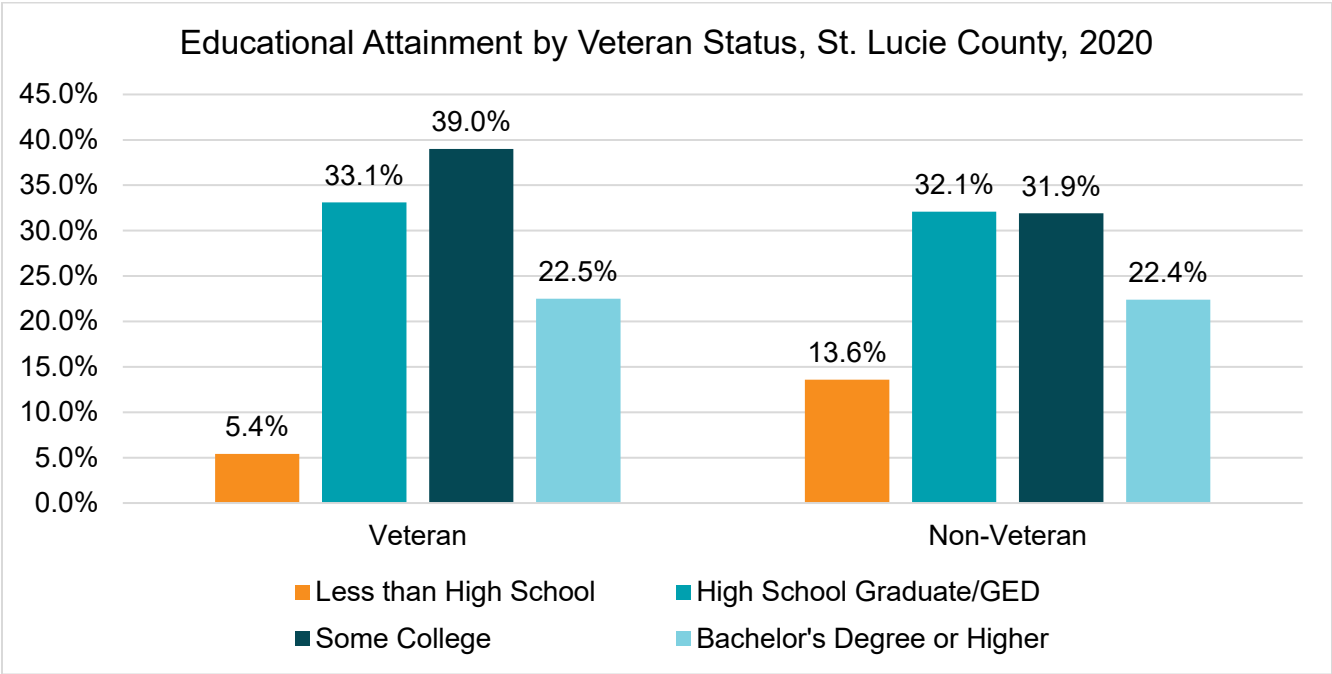


Source: US Census Bureau, American Community Survey, 2020

²² Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

The figure below shows educational attainment by **veteran status** in St. Lucie County. In 2020, the highest educational attainment for veterans was some college at 39.0%. Comparatively, the highest educational attainment level of non-veterans was high school graduate or GED at 32.1%. As mentioned earlier, educational attainment, due to its association with other socioeconomic factors, is correlated with obesity.²³ The HET is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 28: Educational Attainment by Veteran Status, St. Lucie County, 2020

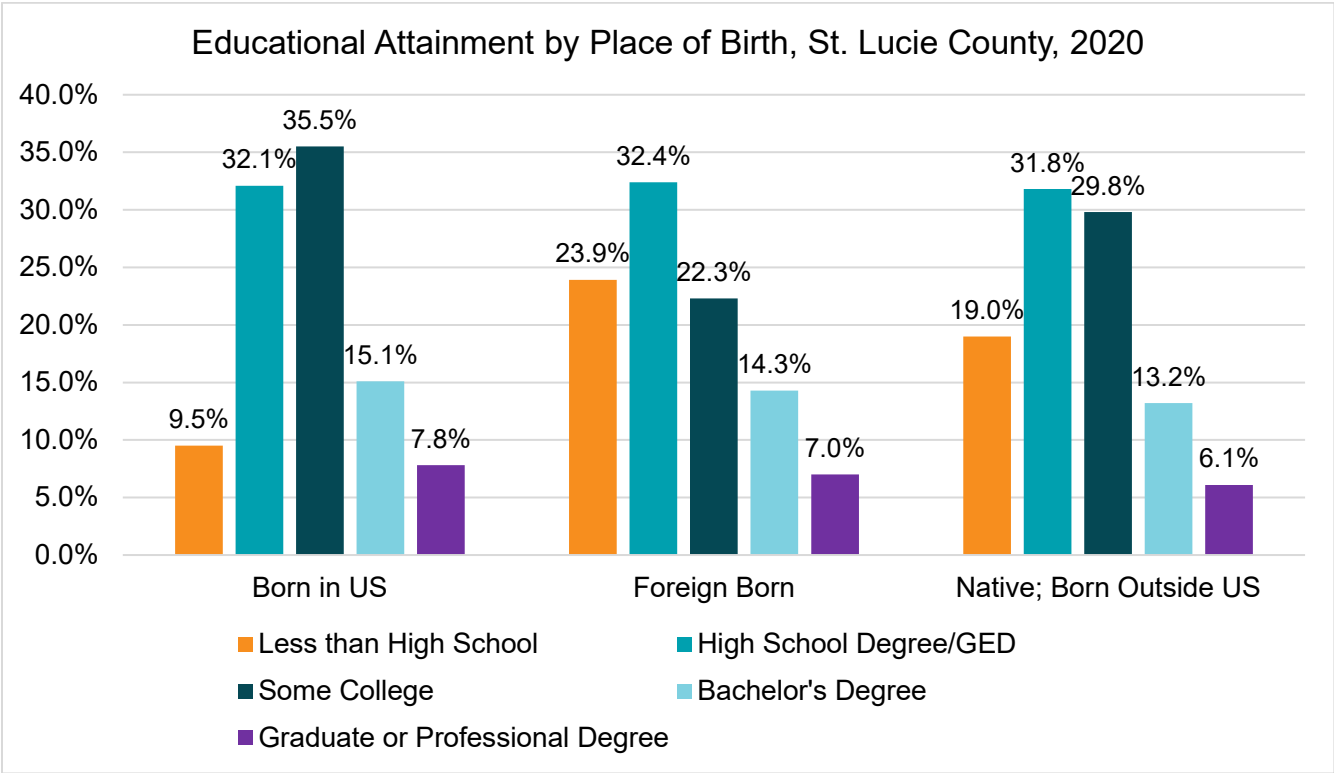


Source: US Census Bureau, American Community Survey, 2020

²³ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

The figure below shows educational attainment by **place of birth** in St. Lucie County. In 2020, the highest proportion of educational attainment from individuals who were born in the United States was some college at 35.5%. Comparatively, the highest educational attainment from individuals who were foreign-born was a high school degree or GED at 32.4%, which is like individuals who are native and born outside the United States at 31.8%. In each place of birth, the lowest proportion of educational attainment was a graduate or professional degree. As mentioned earlier, educational attainment, due to its association with other socioeconomic factors, is correlated with obesity.²⁴ The HET is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 29: Educational Attainment by Place of Birth, St. Lucie County, 2020



Source: US Census Bureau, American Community Survey, 2020

²⁴ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

The figure below shows educational attainment by **census tract** in St. Lucie County in 2020. Overall, there was a fluctuation in educational attainment in St. Lucie County compared to the State. The census tracts with the lowest educational attainment were census tracts 3809.01, with 25.0% of the population with less than a 9th grade education, and census tract 3804 with 23.8% of the population with less than a 9th grade education. Inversely, the census tract with the highest educational attainment was census tract 3821.27 with 28.7% of the population attaining a bachelor's degree and 21.0% of the population attaining a graduate or professional degree. As mentioned earlier, educational attainment, due to its association with other socioeconomic factors, is correlated with obesity.²⁵ The HET is considering future community projects to improve education access and quality and reduce education-related disparities.

Figure 30: Educational Attainment by Census Tract, St. Lucie County, 2020

Educational Attainment by Census Tract, St. Lucie County, 2020									
Area/ Census Tract	Less than 9th grade	9th to 12 grades, no diploma	High school graduat e or higher	High school graduat e, include s GED	Some college, no degree	Associ ate degree	Bachelo r's degree or higher	Bachelo r's degree	Graduat e or professi onal degree
State	4.6%	6.9%	88.5%	28.2%	19.8%	10.0%	30.5%	19.3%	11.3%
County	5.2%	7.6%	87.3%	32.2%	22.2%	10.4%	22.5%	14.9%	7.6%
3801	12.9%	15.1%	72.0%	35.0%	13.3%	10.9%	12.7%	9.2%	3.5%
3802	10.4%	19.5%	70.1%	36.4%	18.1%	8.8%	6.8%	4.0%	2.8%
3803	9.7%	26.5%	63.8%	37.5%	15.0%	5.6%	5.6%	4.7%	0.9%
3804	23.8%	14.2%	62.0%	30.5%	14.3%	6.8%	10.4%	8.1%	2.3%
3805	10.8%	8.9%	80.3%	30.6%	33.4%	7.5%	8.8%	5.7%	3.1%
3806	16.5%	21.2%	62.3%	35.6%	14.9%	3.9%	7.9%	5.6%	2.3%
3807	4.1%	7.3%	88.6%	36.9%	18.3%	16.4%	17.1%	11.3%	5.8%
3808	5.0%	17.5%	77.5%	34.0%	19.5%	10.1%	13.9%	6.5%	7.4%
3809.01	25.0%	7.3%	67.7%	31.3%	20.0%	6.1%	10.4%	6.6%	3.7%
3809.02	8.8%	18.2%	73.0%	37.1%	17.9%	5.4%	12.6%	4.5%	8.0%
3810	2.3%	8.3%	89.4%	31.4%	21.8%	7.2%	28.9%	21.1%	7.8%
3811.03	13.9%	14.0%	72.1%	41.8%	20.2%	3.7%	6.4%	5.7%	0.7%
3811.04	9.3%	5.9%	84.7%	35.0%	22.6%	10.6%	16.5%	13.4%	3.1%
3811.05	0.7%	2.3%	97.0%	35.0%	27.9%	14.2%	19.9%	15.1%	4.8%
3811.06	5.8%	3.6%	90.6%	15.2%	36.7%	21.7%	17.1%	10.3%	6.7%
3811.07	12.5%	6.7%	80.8%	28.8%	16.5%	9.8%	25.8%	18.6%	7.2%
3812.04	2.0%	2.2%	95.9%	22.2%	21.4%	8.1%	44.3%	22.7%	21.6%
3813	0.1%	4.6%	95.4%	18.9%	18.9%	10.6%	47.0%	29.6%	17.4%
3814.01	2.0%	11.0%	87.1%	30.9%	24.7%	5.4%	26.1%	17.9%	8.2%
3814.02	3.5%	11.6%	84.9%	35.2%	20.8%	8.8%	20.1%	13.0%	7.1%
3815.04	4.0%	12.5%	83.5%	34.0%	17.0%	12.3%	20.2%	13.0%	7.2%
3815.05	8.3%	10.6%	81.1%	28.5%	26.1%	13.8%	12.7%	8.1%	4.6%
3815.06	1.4%	1.2%	97.4%	40.4%	19.7%	7.8%	29.4%	24.6%	4.8%

²⁵ Cohen, A. K., et al. (2013). Educational attainment and obesity: A systematic review. *Obes Rev.* 14(12): 989-1005.

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Health Equity Plan

Educational Attainment by Census Tract, St. Lucie County, 2020									
Area/ Census Tract	Less than 9th grade	9th to 12 grades, no diploma	High school graduat e or higher	High school graduat e, include s GED	Some college, no degree	Associ ate degree	Bachelo r's degree or higher	Bachelo r's degree	Graduat e or professi onal degree
3815.07	2.2%	5.5%	92.3%	40.5%	19.5%	13.6%	18.7%	15.7%	3.0%
3815.08	3.0%	2.5%	94.5%	26.7%	25.5%	10.0%	32.4%	17.5%	14.9%
3816.03	5.0%	3.8%	91.2%	44.0%	23.6%	8.7%	14.9%	10.4%	4.4%
3816.04	0.0%	8.8%	91.2%	28.6%	31.0%	2.4%	29.1%	22.9%	6.3%
3816.05	5.1%	4.7%	90.2%	37.9%	16.9%	15.5%	19.9%	14.3%	5.6%
3817.01	1.4%	4.9%	93.6%	21.9%	19.5%	10.0%	42.2%	21.4%	20.8%
3817.02	0.0%	6.9%	93.1%	37.2%	20.2%	12.9%	22.8%	11.4%	11.4%
3818.02	5.6%	5.9%	88.5%	33.2%	20.2%	14.7%	20.4%	15.9%	4.4%
3818.03	3.1%	5.8%	91.1%	36.1%	23.5%	10.6%	20.9%	12.8%	8.1%
3818.04	3.2%	6.1%	90.7%	44.4%	14.3%	13.3%	18.6%	12.8%	5.8%
3819	1.7%	4.5%	93.8%	26.2%	28.5%	8.8%	30.3%	22.7%	7.5%
3820.07	4.5%	6.1%	89.5%	33.1%	24.8%	17.8%	13.8%	10.1%	3.7%
3820.08	6.8%	5.6%	87.6%	29.8%	19.1%	10.7%	28.0%	18.1%	9.8%
3820.09	3.5%	10.8%	85.7%	42.9%	19.9%	6.6%	16.3%	12.4%	3.8%
3820.1	3.4%	7.6%	89.0%	42.4%	25.2%	12.2%	9.2%	6.5%	2.8%
3820.11	4.0%	3.9%	92.1%	39.6%	28.6%	8.5%	15.3%	8.1%	7.2%
3820.12	1.1%	5.5%	93.4%	43.7%	24.7%	8.8%	16.2%	13.0%	3.2%
3820.13	6.1%	3.4%	90.4%	33.5%	20.3%	8.1%	28.6%	18.0%	10.6%
3820.14	3.0%	2.8%	94.3%	38.3%	25.2%	8.3%	22.5%	14.4%	8.1%
3820.15	0.3%	21.3%	78.4%	33.4%	25.7%	4.5%	14.8%	13.0%	1.8%
3820.16	1.8%	5.9%	92.3%	15.6%	24.9%	14.3%	37.4%	21.3%	16.1%
3821.1	5.1%	7.7%	87.2%	30.4%	26.0%	10.8%	20.1%	15.5%	4.6%
3821.12	3.6%	2.5%	93.9%	46.6%	25.2%	5.9%	16.3%	12.9%	3.4%
3821.14	4.9%	11.0%	84.0%	32.3%	17.7%	9.2%	24.9%	11.9%	13.0%
3821.15	10.5%	4.6%	84.9%	34.8%	30.0%	7.5%	12.5%	7.0%	5.5%
3821.16	5.8%	10.8%	83.4%	14.8%	32.2%	13.2%	23.2%	8.2%	15.1%
3821.17	2.5%	5.9%	91.5%	33.4%	40.6%	3.6%	13.8%	13.5%	0.3%
3821.18	10.1%	4.5%	85.4%	20.8%	32.1%	11.7%	20.9%	20.0%	0.9%
3821.19	2.5%	0.6%	96.9%	27.1%	22.1%	14.7%	33.0%	27.6%	5.4%
3821.2	8.8%	7.2%	84.0%	23.3%	24.3%	6.6%	29.8%	14.8%	15.0%
3821.21	2.2%	19.7%	78.0%	17.1%	17.3%	13.4%	30.2%	25.7%	4.5%
3821.22	0.6%	3.2%	96.2%	30.2%	16.3%	16.3%	33.3%	12.7%	20.7%
3821.23	5.0%	5.9%	89.1%	32.3%	22.4%	5.1%	29.4%	24.7%	4.8%
3821.24	0.0%	6.0%	94.0%	54.4%	12.6%	8.7%	18.3%	4.6%	13.7%
3821.25	8.0%	4.0%	88.0%	19.7%	19.0%	20.3%	28.9%	26.0%	2.9%
3821.26	1.2%	2.8%	95.9%	24.5%	16.0%	11.6%	43.8%	26.6%	17.2%
3821.27	0.6%	4.4%	95.0%	11.3%	25.9%	8.2%	49.7%	28.7%	21.0%
3821.28	2.9%	0.8%	96.3%	29.8%	17.6%	20.0%	28.9%	17.8%	11.1%
3821.29	10.6%	11.3%	78.1%	32.0%	18.3%	12.4%	15.4%	11.9%	3.5%
3816.02	0.6%	9.0%	90.4%	28.4%	28.8%	16.7%	16.4%	12.9%	3.5%

Florida Department of Health in St. Lucie

Health Equity Plan

Educational Attainment by Census Tract, St. Lucie County, 2020									
Area/ Census Tract	Less than 9th grade	9th to 12 grades, no diploma	High school graduat e or higher	High school graduat e, include s GED	Some college, no degree	Associ ate degree	Bachelo r's degree or higher	Bachelo r's degree	Graduat e or professi onal degree
3821.3	0.4%	7.3%	92.4%	35.2%	17.3%	8.7%	31.2%	22.2%	9.0%
3822.01	2.9%	5.2%	92.0%	36.4%	23.1%	7.7%	24.8%	16.9%	7.9%
3822.02	4.1%	7.0%	88.9%	31.4%	14.3%	13.2%	30.0%	24.1%	5.9%
9800	-	-	-	-	-	-	-	-	-
9900	-	-	-	-	-	-	-	-	-

Source: US Census Bureau, American Community Survey, 2020

Literacy

The table below shows the proportion of residents lacking basic prose literacy skills in **St. Lucie County** and **Florida** in 2003. Limited language skills and lower literacy levels can lead to poorer health outcomes, including obesity, due to the correlation with educational attainment and other socioeconomic factors.²⁶ Unfortunately, literacy data has not been available at the county level since the National Center for Education Statistics National Assessment of Adult Literacy was conducted in 2003. Based on this assessment, the proportion of individuals within St. Lucie County lacking basic prose literacy was less than the state of Florida overall. In St. Lucie County, 16.0% of individuals lacked basic prose literacy skills. The HET is considering future community projects to improve education access and quality, including literacy. However, through the Health Care Quality community project, the Taskforce will ensure the implementation of culturally and linguistically appropriate care, tailoring services to individual literacy skills.

Figure 31: Literacy Levels, St. Lucie County and Florida, 2003

Location	Percent Lacking Basic Prose Literacy Skills	95% Credible Interval Lower Bound	95% Credible Interval Upper Bound
St. Lucie County	16.0%	8.2%	27.1%
Florida	20.0%	17.0%	22.9%

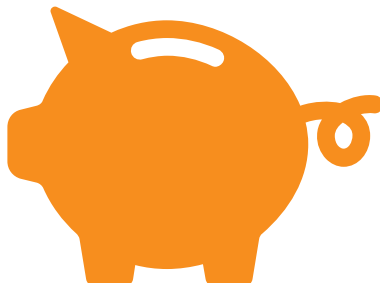
Source: National Center for Education Statistics, National Assessment of Adult Literacy, 2003

²⁶ US Department of Health and Human Services (2022). Healthy People 2030: Language and Literacy. Retrieved from: <https://health.gov/healthypeople/priority-areas/social-determinants-health/literature-summaries/language-and-literacy>

The impact of education access and quality on obesity

Education Access and Quality		
SDOH	Vulnerable Populations Impacted	How the SDOH Impacts Obesity
Literacy and Language	Communities of color with less access to quality education; foreign-born residents; residents who speak English less than very well	Low literacy and language skills are associated with lower educational attainment levels and lower socioeconomic status. Both factors contribute to worse health outcomes, including obesity. These disparities increase challenges in access to care and provider-patient understanding.
Educational Attainment	Hispanic residents; Black or African American residents; Native Hawaiian or Pacific Islander residents; residents of some other race; foreign-born residents	Higher educational attainment has a positive effect on socioeconomic factors, such as increased income and employment opportunities, access to information, and health literacy. These factors play a vital role in access to health care and healthy foods, and ability to afford housing in healthy, safe, and walkable neighborhoods. These connections between educational attainment and socioeconomic factors are correlated to obesity.
School Experiences	LGBTQ Youth; Residents of trans experience	LGBTQ students report increased educational performance concerns, anxieties, and mental health concerns related to school. While county level data is not currently available, state data shows that youth of trans experience report high levels of transphobia within the school system, including harassment and assault. These experiences have led students to leave their schools, creating a barrier to education access.

B. Economic Stability



Economic stability data for St. Lucie County

Economic stability has a definitive impact on residents' ability to afford healthy foods, health care, and housing, making it a vital Social Determinant of Health to address when considering health equity. Those who have steady employment are less likely to live in poverty and more likely to be healthy, according to research.²⁷ Residents with lower economic stability face barriers that make prioritizing health a challenge, including barriers related to transportation, childcare, health insurance coverage and healthcare affordability, healthy food access, and paid time off work to attend appointments. With fewer resources to provide protection against the negative effects of poor health, residents of lower socioeconomic status are particularly affected by unexpected and adverse health outcomes because of the potential for employment disruption, additional household expenses related to healthcare, and increased household workloads.²⁸ Economic stability can have immediate impacts on obesity as residents are unable to afford healthy foods or housing in safe areas with access to recreational facilities to exercise, making it an important element to consider when addressing health equity in the community.

The following data explores economic stability in St. Lucie County. It is important to note that disaggregated data was not available for all populations, such as American Indian and Alaska Natives, Asians, Native Hawaiians, Hispanic and Latino residents, elders, infants and toddlers, people living with disabilities, veterans, people identifying as LGBTQ+, and immigrants. Research shows that these populations experience health inequities at higher rates. However, data was unavailable for these populations in many instances.

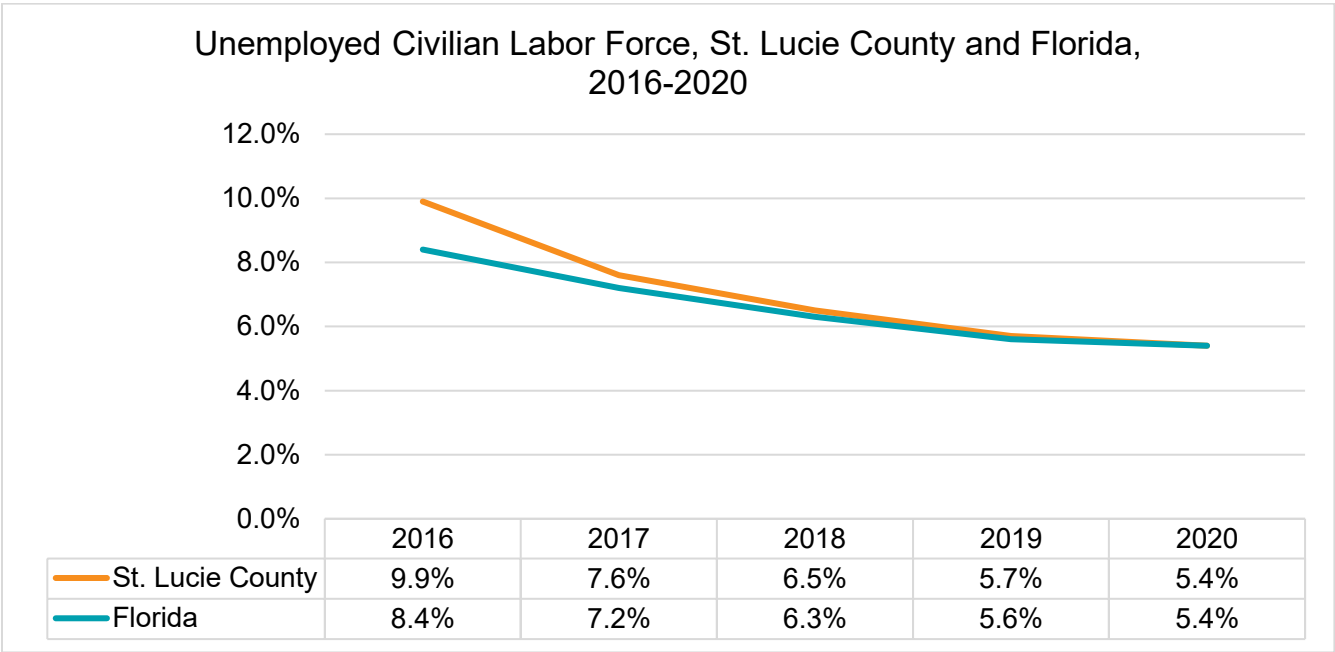
²⁷ Healthy People 2030. (2022). Economic stability. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/economic-stability>

²⁸ Leonard, T., Hughes, A. E., & Pruitt, S. L. (2017). Understanding how low-socioeconomic status households cope with health shocks: An analysis of multi-sector linked data. *The Annals of the American Academy of Political and Social Science*, 669(1), 125–145. <https://doi.org/10.1177/0002716216680989>

Employment Status

Employment status increases economic opportunity and opportunity for upward social mobility, which have been shown to lead to better self-reported health and health behaviors.²⁹ The figure below shows the unemployed civilian labor force in **St. Lucie County** and **Florida** from 2016 to 2020. St. Lucie County had a higher proportion of unemployed civilian labor force residents compared to Florida from 2016 to 2019. In 2020, the proportion of unemployed civilian labor force residents was 5.4% for both St. Lucie County and Florida. In the US, long-term unemployment is directly correlated with higher risk for obesity.³⁰ The HET recognizes employment as an important social determinant of obesity, though the proportion of unemployed residents has decreased over time in the county.

Figure 32: Unemployed Civilian Labor Force, St. Lucie County and Florida, 2016-2020



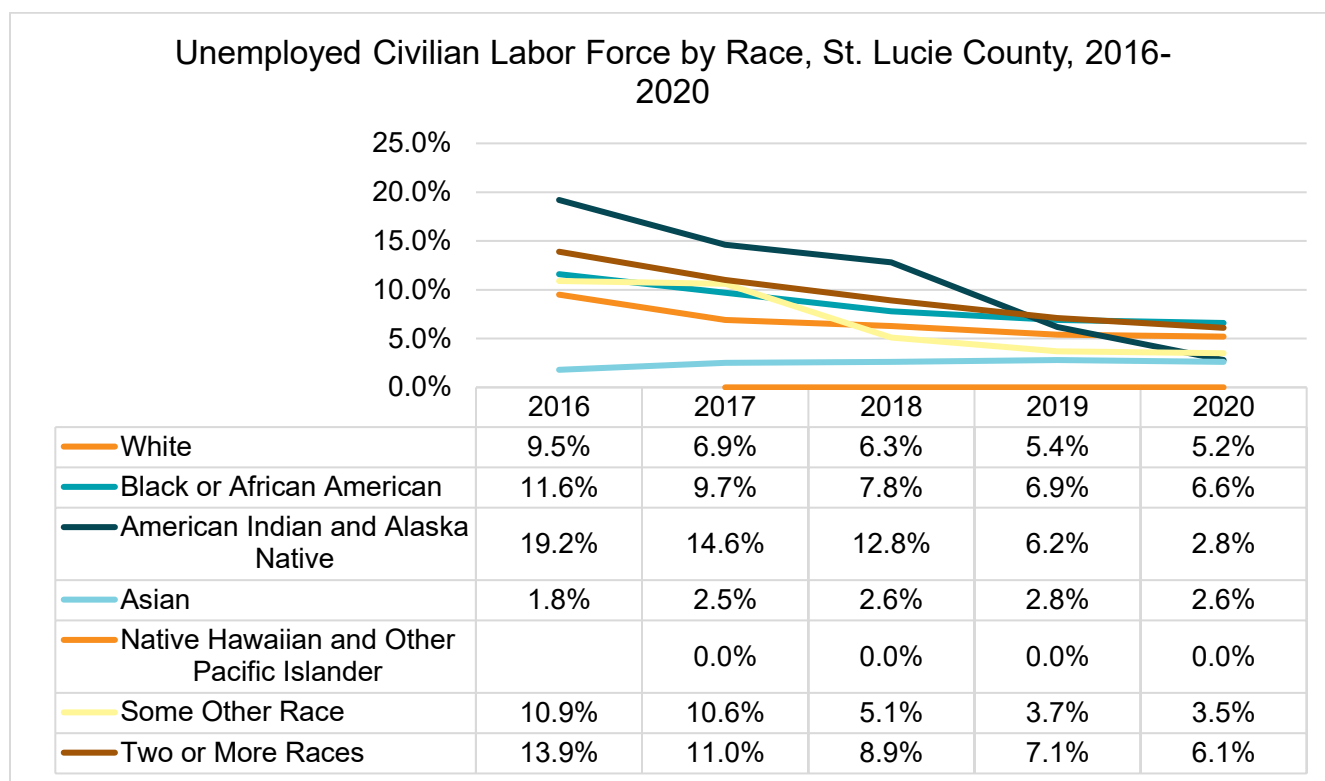
Source: US Census Bureau, American Community Survey, 2016-2020

²⁹ Venkataramani, MD, A., Brigell, MPH, R., O'Brien, PhD, R., Chatterjee, MD, P., Kawachi, PhD, I., & Tsai, MD, A. (2016, October 3). Economic opportunity, health behaviours, and health outcomes in the USA: a population-based cross-sectional study. The Lancet Public Health, 1(1), 18-25. doi:[https://doi.org/10.1016/S2468-2667\(16\)30005-6](https://doi.org/10.1016/S2468-2667(16)30005-6)

³⁰ Crabtree, S. (2014). Obesity linked to long-term unemployment in US. Findings from Gallup. Retrieved from: <https://news.gallup.com/poll/171683/obesity-linked-long-term-unemployment.aspx>

The figure below shows the unemployed civilian labor force by **race** in St. Lucie County from 2016 to 2020. There was an overall decrease in those unemployed among each race from 2016 to 2020. In 2016, 19.2% of American Indian and Alaska Native residents were unemployed, which was the highest proportion reported among all races. In 2020, the highest proportion of unemployed residents was among Black or African American residents at 6.6%. It is important to note that data was not available for Native Hawaiian and Other Pacific Islander residents in 2016. As mentioned earlier, long-term unemployment is directly correlated with higher risk for obesity.³¹ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County's Upward Mobility plan.

Figure 33: Unemployed Civilian Labor Force by Race, St. Lucie County, 2016-2020

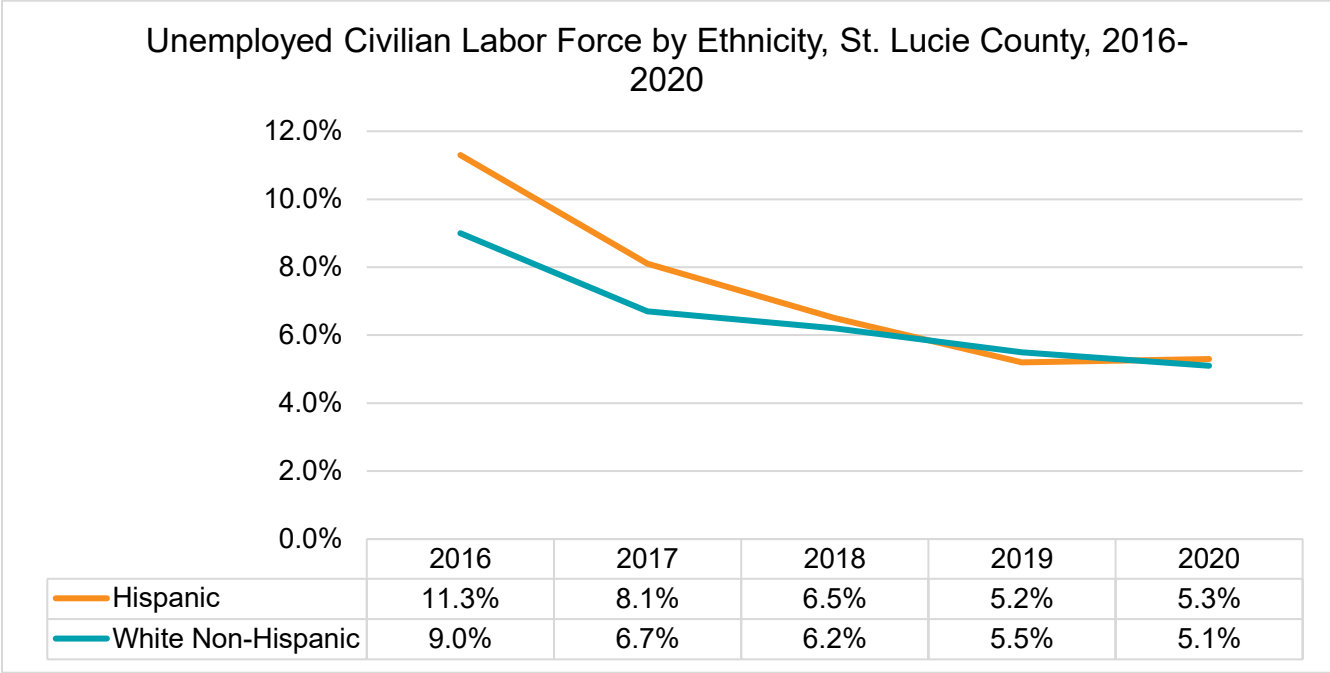


Source: US Census Bureau, American Community Survey, 2016-2020

³¹ Crabtree, S. (2014). Obesity linked to long-term unemployment in US. Findings from Gallup. Retrieved from: <https://news.gallup.com/poll/171683/obesity-linked-long-term-unemployment.aspx>

The figure below shows the unemployed civilian labor force by **ethnicity** in St. Lucie County from 2016 to 2020. Each year, the proportion of Hispanic and non-Hispanic unemployed residents decreased in St. Lucie County. In 2016, the proportion of Hispanic residents who were unemployed reached 11.3%, compared to White non-Hispanic residents at 9.0%. In 2020, the proportion of Hispanic unemployed residents was 5.3%, compared to White non-Hispanic residents at 5.1%. As mentioned earlier, long-term unemployment is directly correlated with higher risk for obesity.³² The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 34: Unemployed Civilian Labor Force by Ethnicity, St. Lucie County, 2016-2020

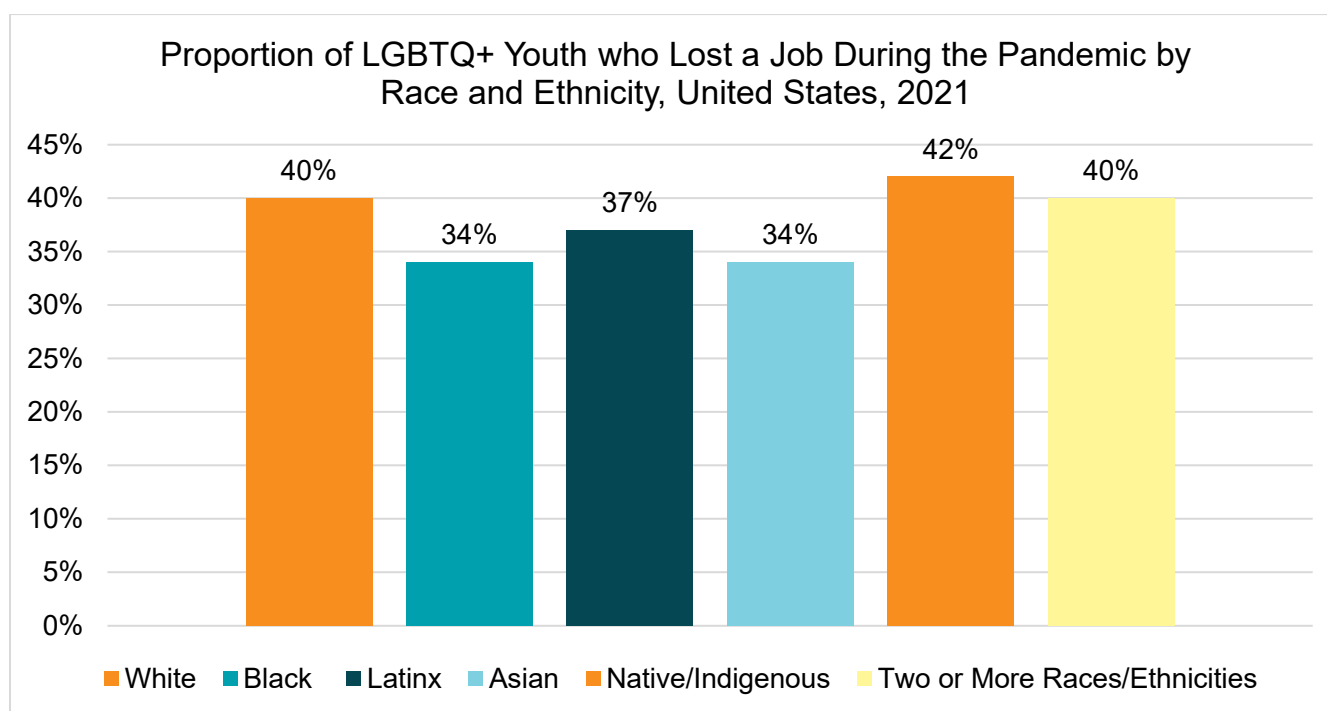


Source: US Census Bureau, American Community Survey, 2020

³² Crabtree, S. (2014). Obesity linked to long-term unemployment in US. Findings from Gallup. Retrieved from: <https://news.gallup.com/poll/171683/obesity-linked-long-term-unemployment.aspx>

Unfortunately, there is no state or county level data on LGBTQ+ residents. However, the Trevor Project's National Survey on LGBTQ Youth Mental Health 2021 Survey assessed COVID-19's impact on financial stability and employment among **LGBTQ youth** aged 13 to 24. Survey findings show that nearly 40% of all LGBTQ+ youth stated that they lost their job during the pandemic and over 80% said that the pandemic made their living situation more stressful.³³ The highest proportion of job loss was among Native/Indigenous LGBTQ youth (42%), followed by White LGBTQ youth and LGBTQ youth of two or more races (both 40%). Additionally, the National Transgender Discrimination Survey found that, in Florida, 81% of residents of trans experience were harassed at work and 56% were either fired, not hired, or denied a promotion. This survey found that 9% were unemployed.³⁴ As mentioned earlier, long-term unemployment is directly correlated with higher risk for obesity.³⁵ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County's Upward Mobility plan.

Figure 35: Proportion of LGBTQ+ Youth who Lost a Job During the Pandemic by Race and Ethnicity, United States, 2021



Source: Trevor Project National Survey on LGBTQ Mental Health, 2021

³³ Trevor Project. National Survey on LGBTQ Youth Mental Health 2021. Retrieved from: <https://www.thetrevorproject.org/survey-2021/?section=Covid19>

³⁴ National Center for Transgender Equality and the National Gay and Lesbian Task Force. 2012. Florida Results. Retrieved from: https://transequality.org/sites/default/files/docs/resources/ntds_state_fl.pdf

³⁵ Crabtree, S. (2014). Obesity linked to long-term unemployment in US. Findings from Gallup. Retrieved from: <https://news.gallup.com/poll/171683/obesity-linked-long-term-unemployment.aspx>

The figure below shows unemployment status by **census tract** in St. Lucie County in 2020. St. Lucie County had the same proportion of unemployed residents compared to the State in 2020 (5.4%). Within the county, the census tracts with the highest unemployment rates were 3802 (17.2%), followed by 3821.27 (13.4%), while the census tracts with the lowest rates were 3820.11, 3821.18, and 3821.20, each at 0%. As mentioned earlier, long-term unemployment is directly correlated with higher risk for obesity.³⁶ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County's Upward Mobility plan.

Figure 36: Unemployment Status by Census Tract, St. Lucie County, 2020

Unemployment Status by Census Tract, St. Lucie County, 2020	
Area/Census Tract	Civilian labor force unemployed
State	5.4%
County	5.4%
3801	9.2%
3802	17.2%
3803	8.2%
3804	4.1%
3805	11.4%
3806	8.1%
3807	3.8%
3808	5.9%
3809.01	5.0%
3809.02	5.5%
3810	4.0%
3811.03	2.1%
3811.04	9.3%
3811.05	2.8%
3811.06	1.7%
3811.07	7.2%
3812.04	2.3%
3813	5.5%
3814.01	6.1%
3814.02	5.8%
3815.04	7.3%
3815.05	5.4%
3815.06	3.5%
3815.07	10.0%
3815.08	3.4%
3816.03	3.4%
3816.04	5.4%
3816.05	1.0%
3817.01	3.3%
3817.02	3.0%

³⁶ Crabtree, S. (2014). Obesity linked to long-term unemployment in US. Findings from Gallup. Retrieved from: <https://news.gallup.com/poll/171683/obesity-linked-long-term-unemployment.aspx>

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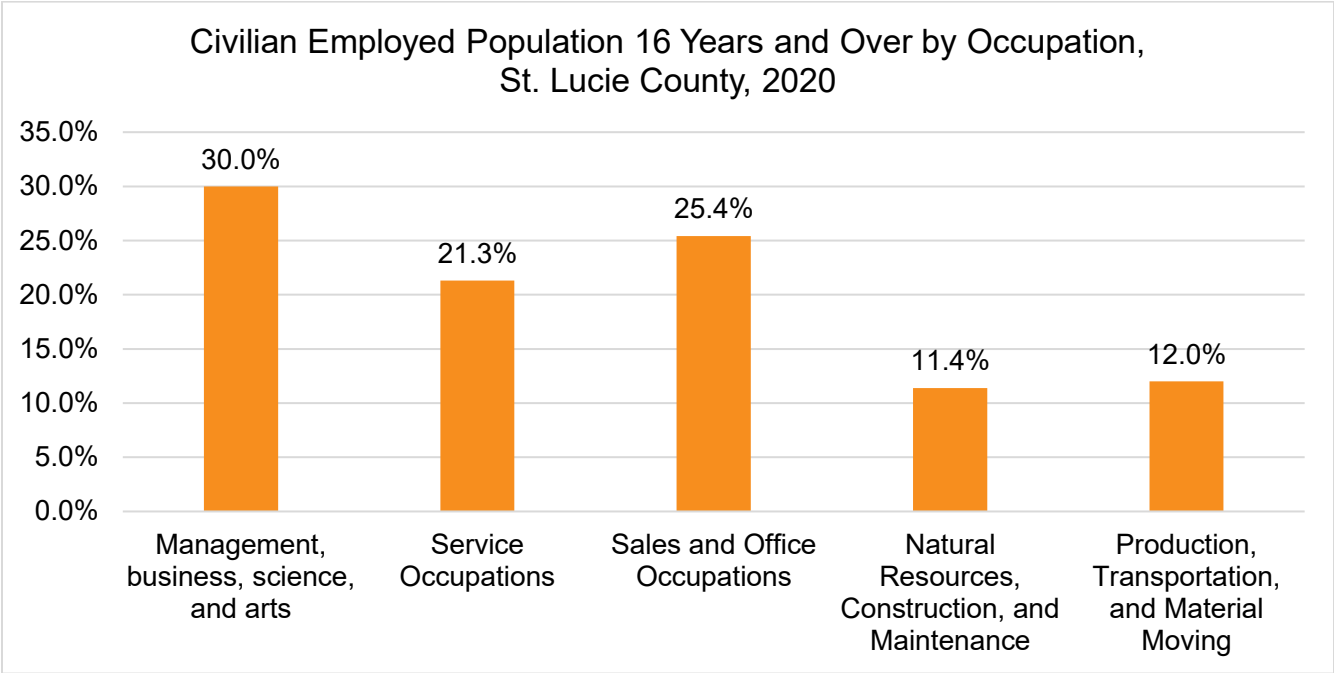
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Unemployment Status by Census Tract, St. Lucie County, 2020	
Area/Census Tract	Civilian labor force unemployed
3818.02	5.1%
3818.03	4.6%
3818.04	6.6%
3819	3.7%
3820.07	1.5%
3820.08	1.1%
3820.09	3.9%
3820.10	11.5%
3820.11	0.0%
3820.12	8.0%
3820.13	9.5%
3820.14	2.8%
3820.15	9.2%
3820.16	6.5%
3821.10	8.2%
3821.12	6.1%
3821.14	1.3%
3821.15	9.4%
3821.16	3.8%
3821.17	4.2%
3821.18	0.0%
3821.19	3.9%
3821.20	0.0%
3821.21	10.0%
3821.22	13.1%
3821.23	10.4%
3821.24	4.2%
3821.25	6.6%
3821.26	0.6%
3821.27	13.4%
3821.28	1.9%
3821.29	7.0%
3816.02	3.2%
3821.30	3.1%
3822.01	4.4%
3822.02	2.5%
9800	-
9900	-

Source: US Census Bureau, American Community Survey, 2020

The figure below shows the civilian employed population 16 years and over by **occupation** in St. Lucie County in 2020. Research has found that jobs with high demands and work environments with limited control are associated with increased risk for obesity.³⁷ In St. Lucie County, most residents worked in management, business, science, and arts (30.0%), while the lowest proportion of residents worked in natural resources, construction, and maintenance (11.4%). The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 37: Civilian Employed Population 16 Years and Over by Occupation, St. Lucie County, 2020



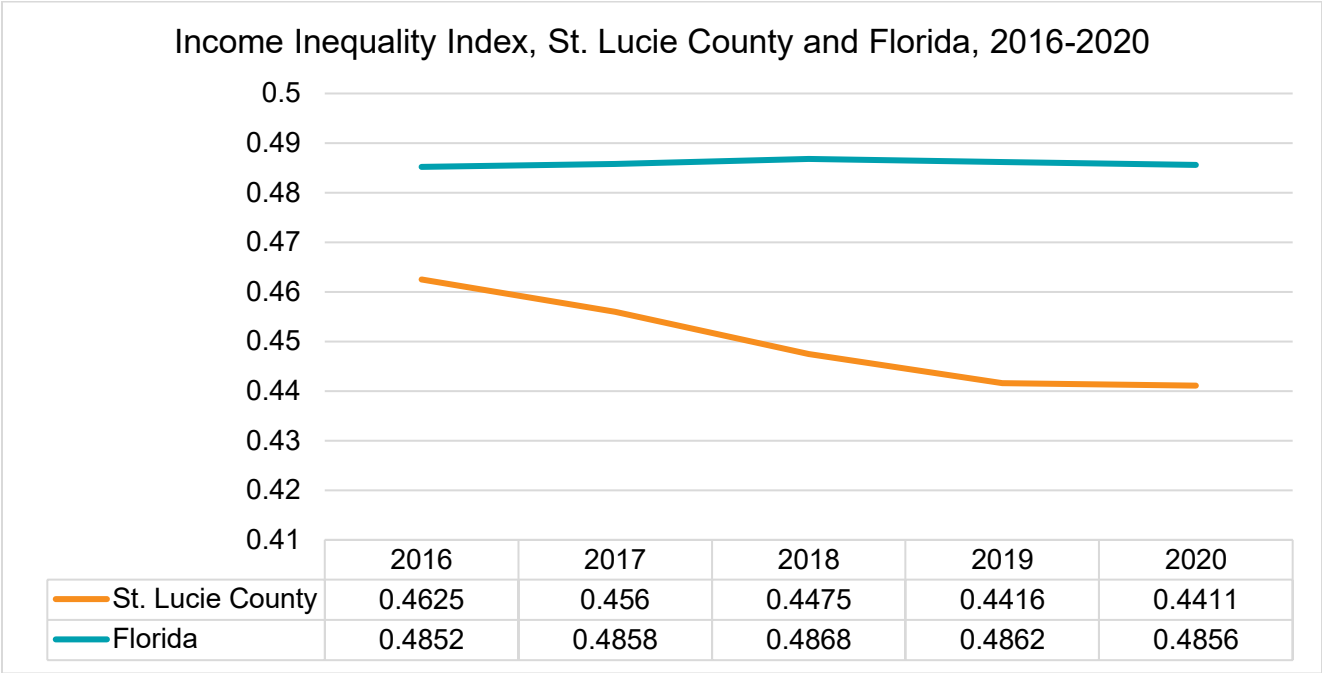
Source: US Census Bureau, American Community Survey, 2020

³⁷ Schulte, P.A. et al. (2007). Work, obesity, and occupational safety and health. *Am J Public Health*. 97(3): 428-436.

Income Inequality

The figure below shows the income inequality index in **St. Lucie County** and **Florida** from 2016 to 2020. St. Lucie County experienced a decrease in the income inequality index from 2016 to 2020, while the state of Florida reported a slight increase. In 2020, the income inequality index for St. Lucie County was 0.4411 compared to Florida at 0.4856. Evidence shows that lower income levels are strongly correlated with obesity among specific groups, such as non-Hispanic White and Black men.³⁸ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 38: Income Inequality Index, St. Lucie County and Florida, 2016-2020



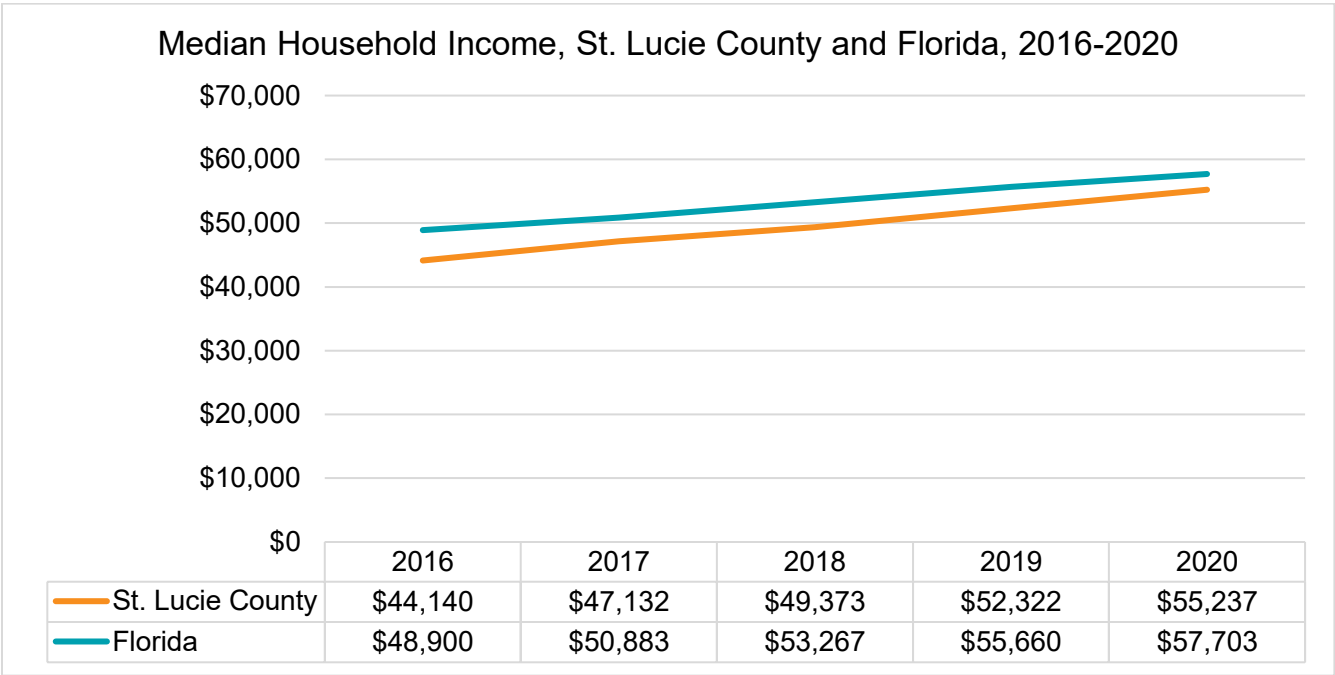
Source: US Census Bureau, American Community Survey, 2020

³⁸ Zare, H., Gilmore, D.R., et al. (2021). How income inequality and race/ethnicity drive obesity in US adults: 1999-2016. *Healthcare (Basel)*. 9(11): 1442.

Median Household Income

The figure below shows the median household income in **St. Lucie County** and **Florida** from 2016 to 2020. Both St. Lucie County and Florida experienced an increase in the median household income from 2016 to 2020. In 2016, the median household income in St. Lucie County was \$44,140 compared to Florida at \$48,900. In 2020, St. Lucie County’s median household income was \$55,237 compared to Florida’s median household income at \$57,703. As mentioned earlier, evidence shows that lower income levels are strongly correlated with obesity among specific groups, such as non-Hispanic White and Black men.³⁹ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 39: Median Household Income, St. Lucie County and Florida, 2016-2020



Source: US Census Bureau, American Community Survey, 2016-2020

³⁹ Zare, H., Gilmore, D.R., et al. (2021). How income inequality and race/ethnicity drive obesity in US adults: 1999-2016. *Healthcare (Basel)*. 9(11): 1442.

This table shows the median household income by **census tract** in St. Lucie County in 2020. In 2020, census tract 3820.16 had the highest median income of \$91,167.00, followed by census tracts 3822.02 (\$82,295.00) and 3821.18 (\$80,058.00). During this same year, the census tracts with the lowest median household income were census tracts 3803 (\$25,166.00), 3802 (\$23,464.00), and 3801 (\$11,903.00). The wealth disparity between the census tracts with the lowest (\$11,903.00) and highest (\$91,167.00) median income in 2020 was \$79,264.00. As mentioned earlier, evidence shows that lower income levels are strongly correlated with obesity among specific groups, such as non-Hispanic White and Black men.⁴⁰ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County's Upward Mobility plan.

Figure 40: Median Household Income by Census Tract, St. Lucie County, 2020

Median Household Income by Census Tract, St. Lucie County, 2020	
Area/Census Tract	Median household income
State	\$57,703.00
County	\$55,237.00
3801	\$11,903.00
3802	\$23,464.00
3803	\$25,166.00
3804	\$40,893.00
3805	\$37,420.00
3806	\$44,837.00
3807	\$55,628.00
3808	\$45,391.00
3809.01	\$26,064.00
3809.02	\$34,081.00
3810	\$58,150.00
3811.03	\$54,659.00
3811.04	\$44,147.00
3811.05	\$54,957.00
3811.06	\$53,248.00
3811.07	\$49,798.00
3812.04	\$63,472.00
3813	\$77,122.00
3814.01	\$38,892.00
3814.02	\$39,254.00
3815.04	\$40,299.00
3815.05	\$60,509.00
3815.06	\$48,490.00
3815.07	\$73,595.00

⁴⁰ Zare, H., Gilmore, D.R., et al. (2021). How income inequality and race/ethnicity drive obesity in US adults: 1999-2016. *Healthcare (Basel)*. 9(11): 1442.

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Median Household Income by Census Tract, St. Lucie County, 2020	
Area/Census Tract	Median household income
3815.08	\$36,178.00
3816.03	\$37,182.00
3816.04	\$49,403.00
3816.05	\$38,589.00
3817.01	\$70,438.00
3817.02	\$42,860.00
3818.02	\$40,073.00
3818.03	\$64,526.00
3818.04	\$46,549.00
3819	\$74,336.00
3820.07	\$66,944.00
3820.08	\$57,433.00
3820.09	\$50,066.00
3820.10	\$33,403.00
3820.11	\$54,563.00
3820.12	\$56,531.00
3820.13	\$51,375.00
3820.14	\$71,282.00
3820.15	\$67,799.00
3820.16	\$91,167.00
3821.10	\$68,466.00
3821.12	\$64,266.00
3821.14	\$65,153.00
3821.15	\$58,129.00
3821.16	\$71,563.00
3821.17	\$61,310.00
3821.18	\$80,058.00
3821.19	\$54,404.00
3821.20	\$66,801.00
3821.21	\$49,194.00
3821.22	\$66,772.00
3821.23	\$69,643.00
3821.24	\$50,361.00
3821.25	\$67,381.00
3821.26	\$70,240.00
3821.27	\$74,390.00
3821.28	\$65,710.00
3821.29	\$61,120.00

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Median Household Income by Census Tract, St. Lucie County, 2020	
Area/Census Tract	Median household income
3816.02	\$43,457.00
3821.30	\$58,890.00
3822.01	\$39,025.00
3822.02	\$82,295.00
9800	-
9900	-

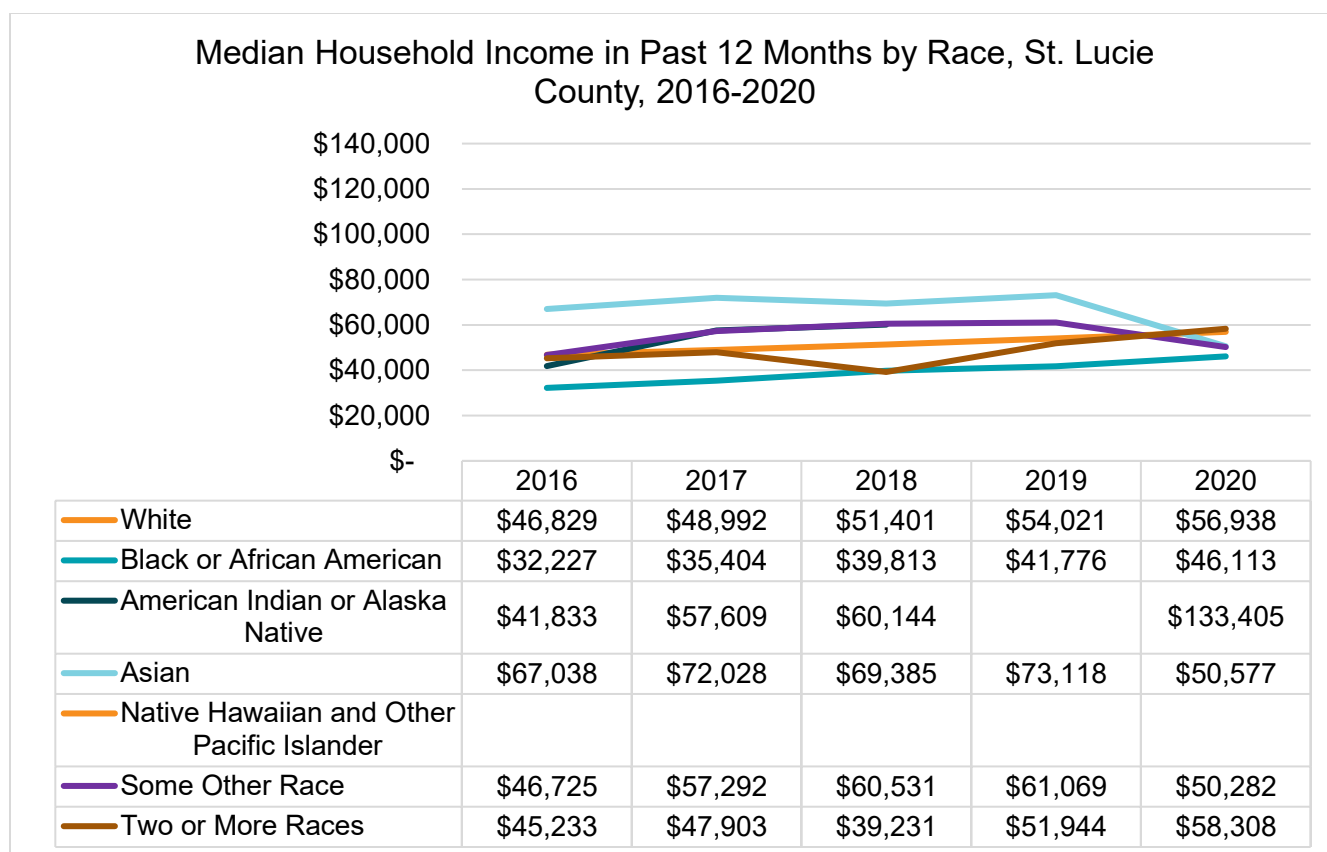
Source: US Census Bureau, American Community Survey, 2016-2020

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The figure below shows the median household income in the past 12 months by **race** in St. Lucie County from 2016 to 2020. It is important to note that data for American Indian or Alaska Native residents was not available in 2019. Additionally, no data was available for Native Hawaiian or other Pacific Islander residents from 2016-2020. There was fluctuation in the median household income in the past 12 months among racial groups year-to-year. However, most recently in 2020, American Indian or Alaskan Native individuals had the highest median household income at \$133,405 in St. Lucie County. In contrast, Black or African American individuals had the lowest median household income of \$46,113 in St. Lucie County. As mentioned earlier, evidence shows that lower income levels are strongly correlated with obesity among specific groups, such as non-Hispanic White and Black men.⁴¹ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County's Upward Mobility plan.

Figure 41: Median Household Income in Past 12 Months by Race, St. Lucie County, 2016-2020

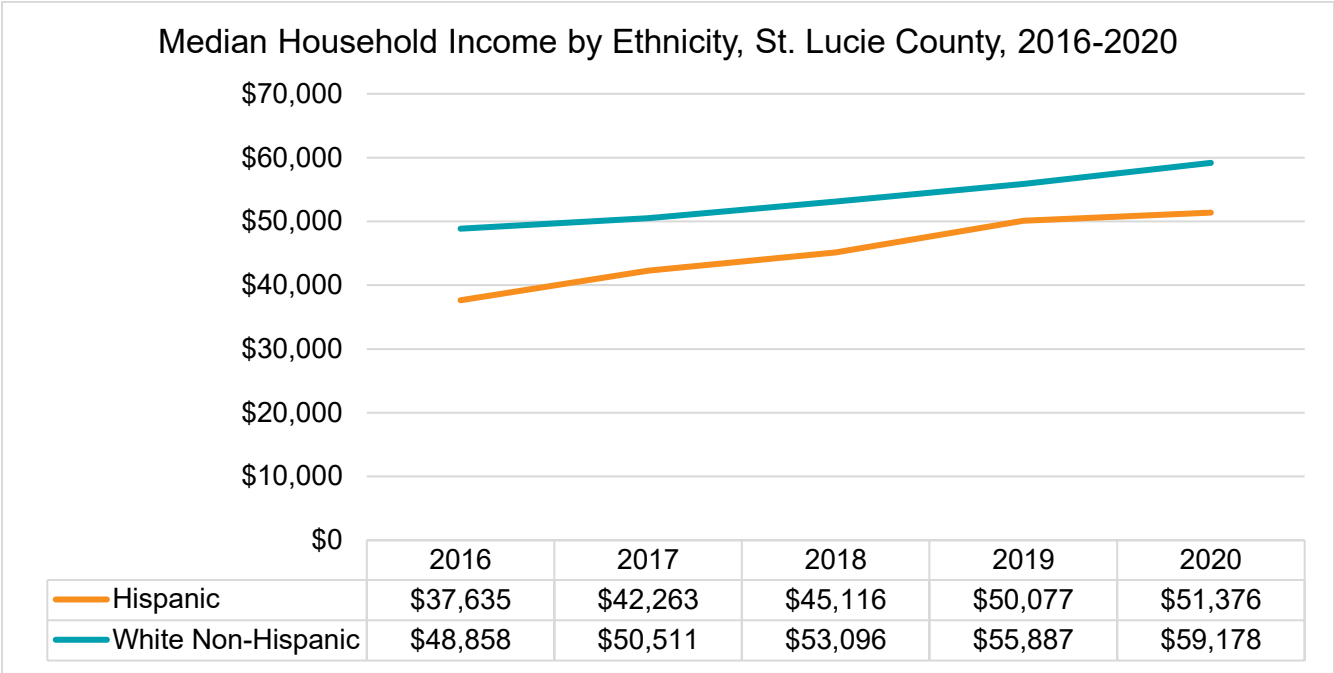


Source: US Census Bureau, American Community Survey, 2016-2020

⁴¹ Zare, H., Gilmore, D.R., et al. (2021). How income inequality and race/ethnicity drive obesity in US adults: 1999-2016. *Healthcare (Basel)*. 9(11): 1442.

The figure below shows the median household income by **ethnicity** in St. Lucie County from 2016 to 2020. There was an overall increase in Hispanic and White non-Hispanic median household incomes across the timeframe. The Hispanic median household income in St. Lucie County increased from \$37,635 in 2016 to \$51,376 in 2020. Comparatively, the White non-Hispanic median household income in St. Lucie County increased from \$48,858 in 2016 to \$59,178 in 2020. It is significant to note that White non-Hispanic median household income was higher than Hispanic median household income across all years recently reported. As mentioned earlier, evidence shows that lower income levels are strongly correlated with obesity among specific groups.⁴² The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 42: Median Household Income by Ethnicity, St. Lucie County, 2016-2020

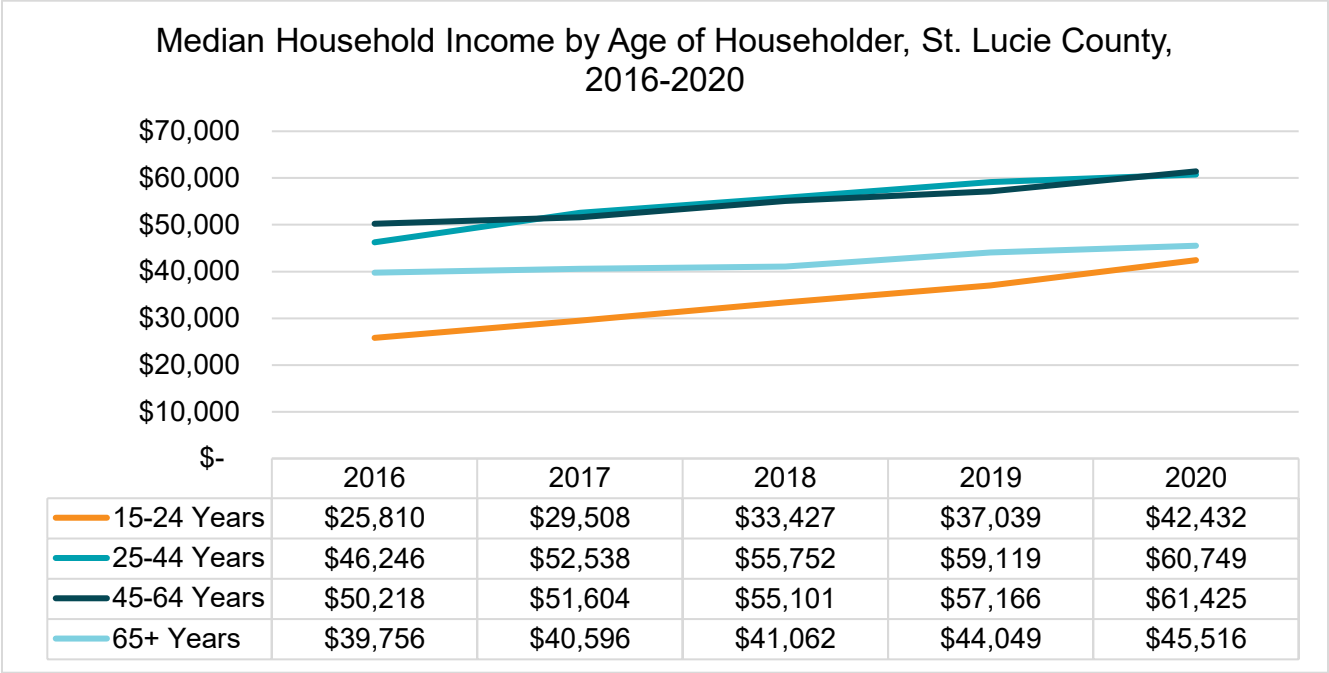


Source: US Census Bureau, American Community Survey, 2016-2020

⁴² Zare, H., Gilmore, D.R., et al. (2021). How income inequality and race/ethnicity drive obesity in US adults: 1999-2016. *Healthcare (Basel)*. 9(11): 1442.

The figure below shows the median household income by **age of householder** in St. Lucie County from 2016 to 2020. There was an overall increase in median household incomes by each age group across the period. In 2020, median household income was highest among those householders aged 45-64 years (\$61,425), followed by those aged 25-44 years (\$60,749), 65+ years (\$45,516), and 15-24 years (\$42,432). As mentioned earlier, evidence shows that lower income levels are strongly correlated with obesity among specific groups, such as non-Hispanic White and Black men.⁴³ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 43: Median Household Income by Age of Householder, St. Lucie County, 2016-2020



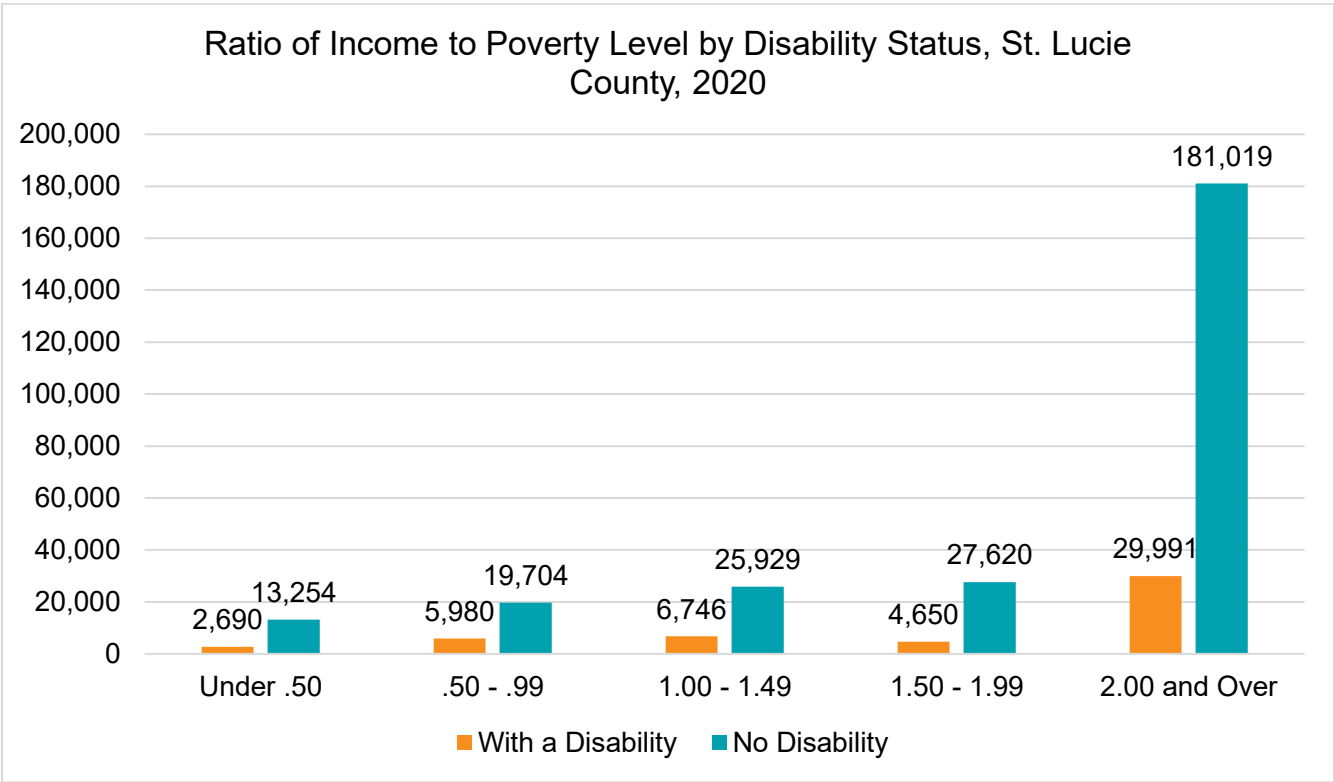
Source: US Census Bureau, American Community Survey, 2016-2020

⁴³ Zare, H., Gilmore, D.R., et al. (2021). How income inequality and race/ethnicity drive obesity in US adults: 1999-2016. *Healthcare (Basel)*. 9(11): 1442.

Ratio of Income to Poverty Level

The ratio of income to the determined poverty level is represented as the income-to-poverty level. Ratios below 1.0 indicate income below the official poverty level, compared to ratios above 1.0 which indicate income above the official poverty level. The figure below shows the ratio of income to poverty level by **disability status** in St. Lucie County in 2020. The ratios of income to poverty level were similar across residents with a disability and residents with no disability. For instance, approximately 5% of each group had a ratio under 0.5; however, 12% of those with a disability had a ratio of income to poverty between 0.5 and 0.99, compared to 7% of those with no disability. The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 44: Ratio of Income to Poverty Level by Disability Status, St. Lucie County, 2020



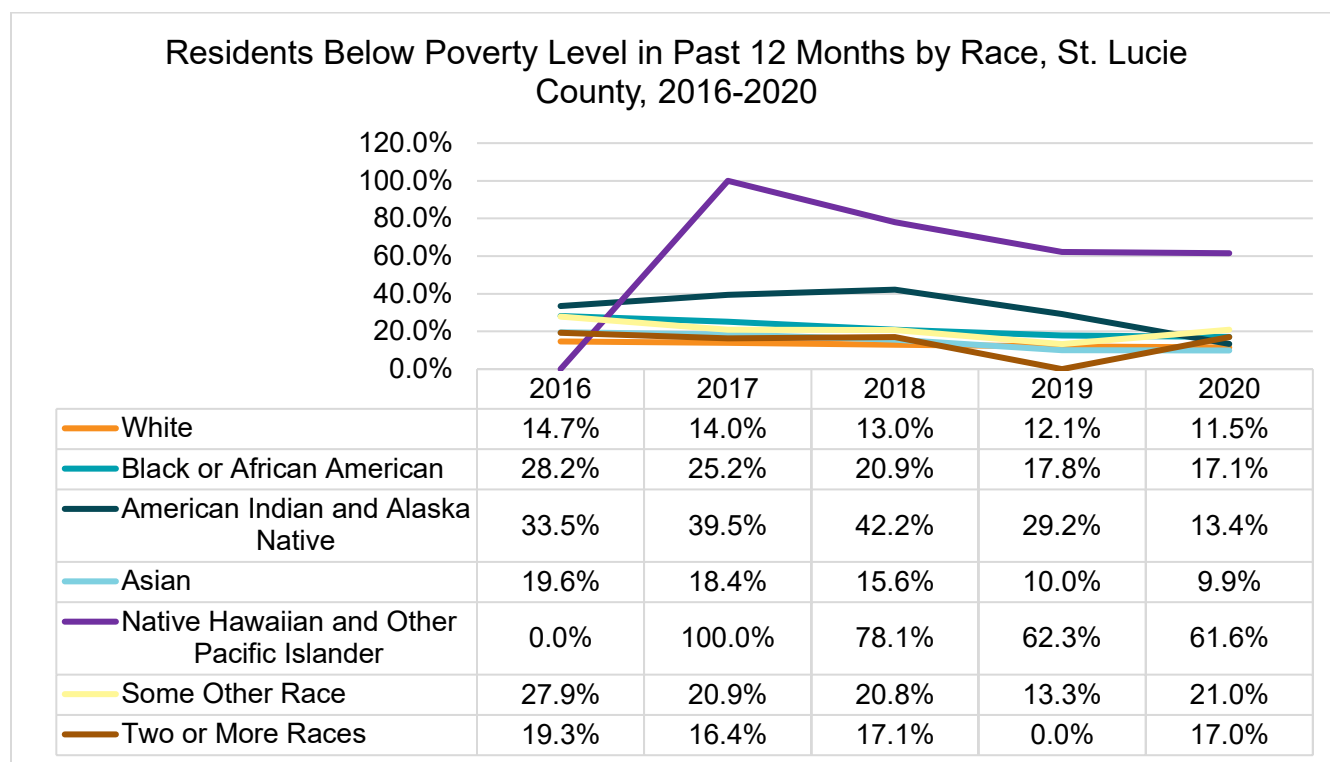
Source: US Census Bureau, American Community Survey, 2020

Poverty Level

The figures below show residents below poverty level in the past 12 months in St. Lucie County. Residents of counties where there is high poverty experience a higher risk for obesity because they typically have limited access to healthy and affordable foods, have limited access to parks and greens spaces, and experience safety concerns which make it more difficult to spend time outdoors.⁴⁴ To the extent possible, specific demographics were disaggregated to highlight any poverty-related disparities.

The figure below shows the proportion of residents living below the poverty level in the past 12 months by **race** in St. Lucie County from 2016 to 2020. There was some fluctuation among the residents below the poverty level in St. Lucie County across the timeframe. In 2020, Native Hawaiian and other Pacific Islander residents reported the highest proportion of residents living below the poverty level in the past 12 months (61.6%), followed by residents of some other race (21.0%), Black or African American residents (17.1%), residents of two or more races (17.0%), American Indian and Alaska Native residents (13.4%), and White residents (11.5%). Asian residents reported the lowest proportion of residents living below the poverty level in 2020 (9.9%). Higher poverty levels are associated with a higher risk for obesity, partly due to the unaffordability and inaccessibility of healthy foods. Communities living below poverty, therefore, tend to consume more affordable, highly processed foods that contain more empty calories.⁴⁵ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County's Upward Mobility plan.

Figure 45: Residents Below Poverty Level in Past 12 Months by Race, St. Lucie County, 2016-2020



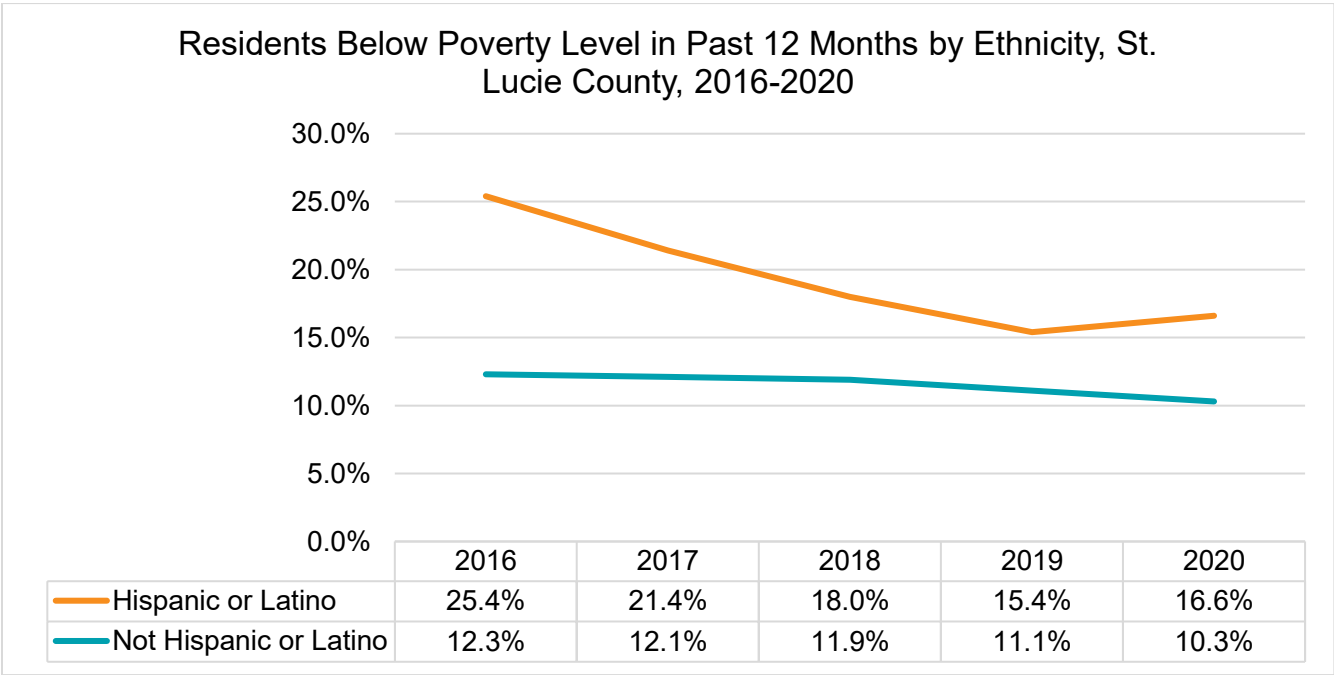
Source: US Census Bureau, American Community Survey, 2016-2020

⁴⁴ Levine, J.A. (2011). Poverty and Obesity in the US. *Diabetes*. 60(11):2667-2668.

⁴⁵ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

The figure below shows the proportion of residents below the poverty level in the past 12 months by **ethnicity** in St. Lucie County from 2016 to 2020. From 2016 to 2020, there was an overall decrease in the proportion of residents living below the poverty level in the past 12 months, despite a slight increase among Hispanic or Latino residents living below the poverty level from 2019 to 2020. In 2016, one-quarter of Hispanic or Latino residents in St. Lucie County were living below the poverty level (25.4%) compared to 16.6% in 2020. These proportions exceeded those of non-Hispanic or Latino residents, in which 12.3% were living below the poverty level in 2016, followed by 10.3% in 2020. Higher poverty levels are associated with a higher risk for obesity, partly due to the unaffordability and inaccessibility of healthy foods. Communities living below poverty, therefore, tend to consume more affordable, highly processed foods that contain more empty calories.⁴⁶ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 46: Residents Below Poverty Level in Past 12 Months by Ethnicity, St. Lucie County, 2016-2020

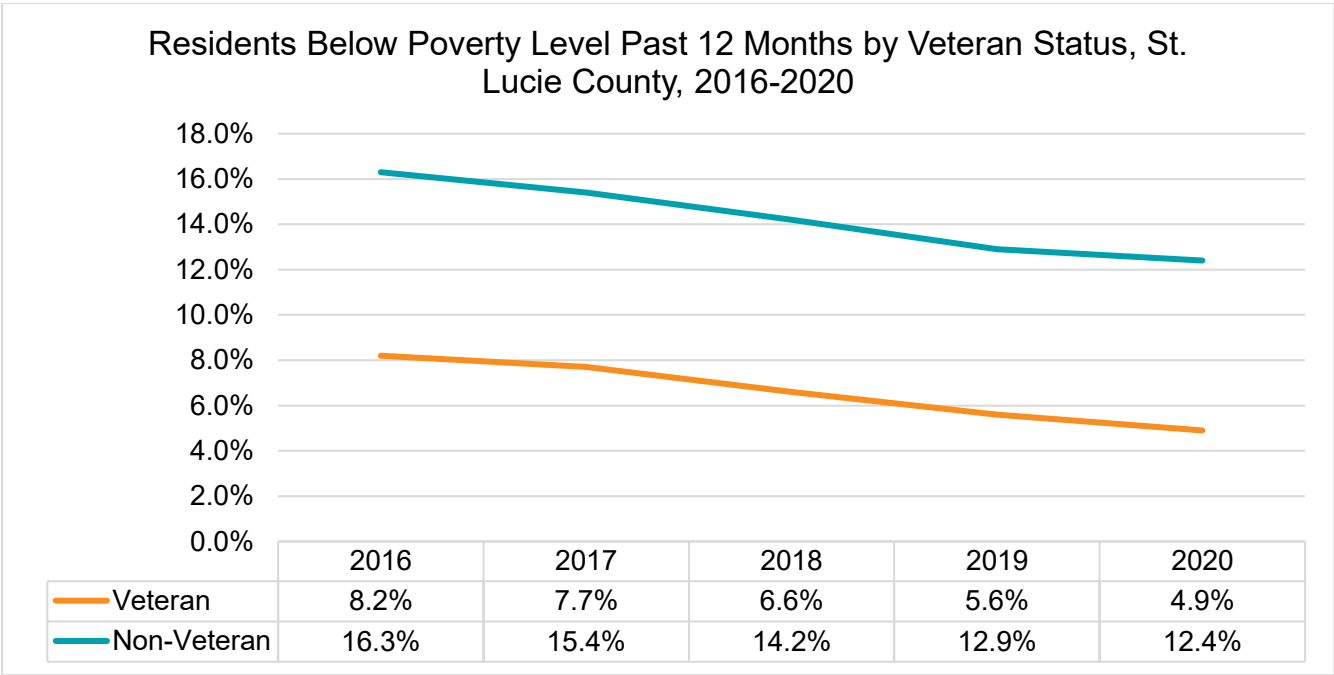


Source: US Census Bureau, American Community Survey, 2016-2020

⁴⁶ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

The figure below shows the proportion of residents below the poverty level in the past 12 months by **veteran status** in St. Lucie County from 2016 to 2020. From 2016 to 2020, there was an overall decrease in the proportion of both veterans and non-veterans living below the poverty level in the past 12 months, with veterans consistently reporting lower proportions compared to their non-veteran counterparts. In 2016, 8.2% of veterans were living below the poverty level in the past 12 months, compared to 16.3% of non-veterans in St. Lucie County. In 2020, 4.9% of veterans were living below the poverty level in the past 12 months, compared to 12.4% of non-veterans in St. Lucie County. As stated earlier, higher poverty levels are associated with a higher risk for obesity, partly due to the unaffordability and inaccessibility of healthy foods. Communities living below poverty, therefore, tend to consume more affordable, highly processed foods that contain more empty calories.⁴⁷ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 47: Residents Below Poverty Level Past 12 Months by Veteran Status, St. Lucie County, 2016-2020

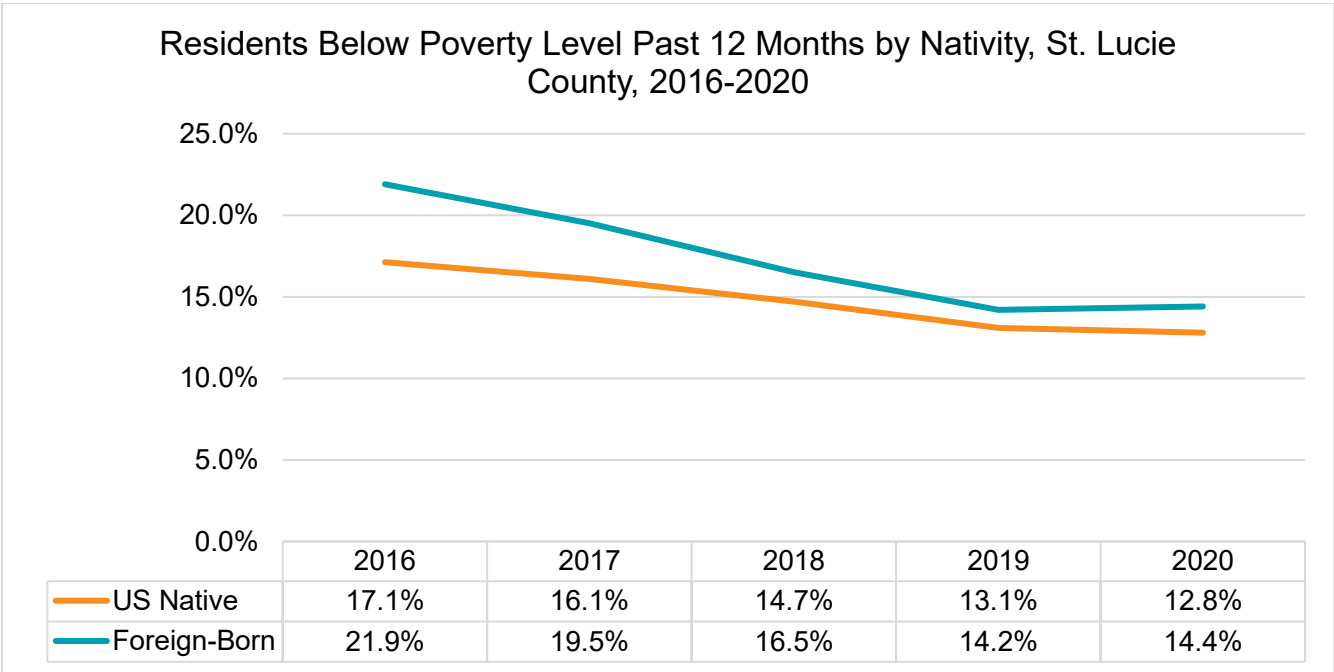


Source: US Census Bureau, American Community Survey, 2016-2020

⁴⁷ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

The figure below shows the proportion of residents living below the poverty level in the past 12 months by **nativity** in St. Lucie County from 2016 to 2020. From 2016 to 2020, there was an overall decrease in the proportion of US native and foreign-born residents living below the poverty level in the past 12 months, with foreign-born residents consistently reporting a higher proportion compared to their US native counterparts. In 2016, 17.1% of US native residents lived below the poverty level in the past 12 months, compared to 21.9% of foreign-born residents in St. Lucie County. In 2020, 12.8% of US native residents lived below the poverty level in the past 12 months, compared to 14.4% of foreign-born residents in St. Lucie County. Higher poverty levels are associated with a higher risk for obesity, partly due to the unaffordability and inaccessibility of healthy foods. Communities living below poverty, therefore, tend to consume more affordable, highly processed foods that contain more empty calories.⁴⁸ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 48: Residents Below Poverty Level Past 12 Months by Nativity, St. Lucie County, 2016-2020



Source: US Census Bureau, American Community Survey, 2020

⁴⁸ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

This table shows the proportion of individuals living below the poverty level by **age** and **census tract** in St. Lucie County in 2020. In census tract 3816.05, 76.9% of children under 18 years old were living below the poverty level in 2020, the highest of all census tracts for that age group. In census tract 3803, 49.2% of residents 18 to 64 years old were living below the poverty level, also the highest of all census tracts for that age group. In census tract 3801, 83.3% of residents 65 years of age and over were living below the poverty level. In both St. Lucie County and Florida, those under 18 years accounted for the highest proportion of residents living below the poverty level. Higher poverty levels are associated with a higher risk for obesity, partly due to the unaffordability and inaccessibility of healthy foods. Communities living below poverty, therefore, tend to consume more affordable, highly processed foods that contain more empty calories.⁴⁹ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County's Upward Mobility plan.

Figure 49: Individuals Living Below the Poverty Level by Age and Census Tract, St. Lucie County, 2020

Individuals Living Below the Poverty Level by Age and Census Tract, St. Lucie County, 2020					
Area/ Census Tract	People under 100% of poverty	Under 18 years	18 years and over	18 to 64 years	65 years and over
St. Lucie County	13.1%	19.0%	11.7%	12.3%	10.2%
State of Florida	13.3%	18.7%	12.0%	12.5%	10.5%
3801	48.3%	42.4%	49.7%	42.9%	83.3%
3802	48.1%	59.7%	42.1%	45.3%	21.5%
3803	55.0%	75.9%	44.7%	49.2%	27.6%
3804	26.5%	28.5%	26.1%	28.4%	17.1%
3805	31.2%	48.9%	26.1%	25.0%	30.8%
3806	28.2%	41.4%	24.6%	27.9%	9.8%
3807	7.3%	14.4%	5.1%	5.4%	3.4%
3808	10.5%	6.8%	11.1%	10.2%	12.3%
3809.01	25.4%	17.3%	26.9%	26.7%	27.3%
3809.02	23.2%	40.0%	18.6%	20.5%	12.9%
3810	16.1%	13.3%	16.7%	18.2%	11.5%
3811.03	11.0%	5.2%	12.6%	15.0%	0.6%
3811.04	12.6%	0.0%	13.6%	11.2%	19.1%
3811.05	7.8%	8.5%	7.7%	4.1%	20.0%
3811.06	8.0%	24.1%	7.5%	9.0%	5.0%
3811.07	16.6%	32.0%	14.0%	16.5%	12.2%
3812.04	5.4%	4.7%	5.4%	6.4%	4.8%
3813	9.4%	0.0%	9.5%	12.4%	6.0%

⁴⁹ Zukiewicz-Sobczak, W., Weoblewska, P, et al. (2014). Obesity and poverty paradox in developed countries. *Annals of Agricultural and Environmental Medicine*. 21(3): 590-594.

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Individuals Living Below the Poverty Level by Age and Census Tract, St. Lucie County, 2020					
Area/ Census Tract	People under 100% of poverty	Under 18 years	18 years and over	18 to 64 years	65 years and over
3814.01	21.2%	24.0%	20.4%	22.9%	17.0%
3814.02	17.7%	27.4%	13.7%	15.7%	6.8%
3815.04	23.2%	38.9%	19.1%	16.3%	25.7%
3815.05	11.1%	9.1%	11.6%	10.5%	15.8%
3815.06	3.3%	0.0%	4.2%	1.7%	11.2%
3815.07	13.0%	26.3%	10.0%	14.3%	3.5%
3815.08	15.5%	13.4%	16.0%	18.3%	12.8%
3816.02	12.1%	22.8%	11.4%	16.0%	6.1%
3816.03	9.1%	25.5%	7.7%	6.3%	8.6%
3816.04	1.6%	0.0%	2.1%	2.6%	0.0%
3816.05	26.4%	76.9%	17.4%	18.6%	15.3%
3817.01	9.5%	-	9.5%	6.0%	10.7%
3817.02	10.9%	0.0%	11.3%	11.4%	11.2%
3818.02	12.0%	7.9%	13.5%	12.3%	17.2%
3818.03	17.9%	32.5%	14.4%	15.1%	12.6%
3818.04	10.6%	6.2%	11.7%	12.0%	10.9%
3819	5.8%	5.0%	5.9%	7.2%	3.8%
3820.07	5.9%	4.5%	6.2%	6.1%	6.3%
3820.08	6.2%	6.7%	6.1%	5.5%	8.1%
3820.09	8.1%	6.7%	8.5%	8.5%	8.4%
3820.10	8.8%	0.0%	9.7%	11.5%	7.1%
3820.11	9.4%	29.2%	6.4%	6.4%	6.3%
3820.12	11.8%	12.1%	11.7%	11.1%	14.4%
3820.13	17.7%	17.4%	17.8%	22.1%	8.9%
3820.14	9.8%	19.9%	7.3%	7.6%	6.3%
3820.15	21.6%	15.2%	24.1%	16.9%	45.1%
3820.16	14.0%	30.6%	11.1%	14.0%	6.2%
3821.10	14.6%	22.0%	12.8%	14.2%	5.7%
3821.12	12.4%	7.8%	13.9%	14.6%	10.0%
3821.14	5.2%	0.0%	6.7%	4.7%	13.8%
3821.15	12.5%	24.5%	8.8%	10.6%	0.0%
3821.16	0.6%	0.0%	0.8%	1.0%	0.0%
3821.17	9.5%	13.1%	7.8%	5.0%	21.5%
3821.18	5.1%	0.0%	5.7%	3.7%	18.8%
3821.19	7.6%	18.0%	3.4%	1.1%	10.5%

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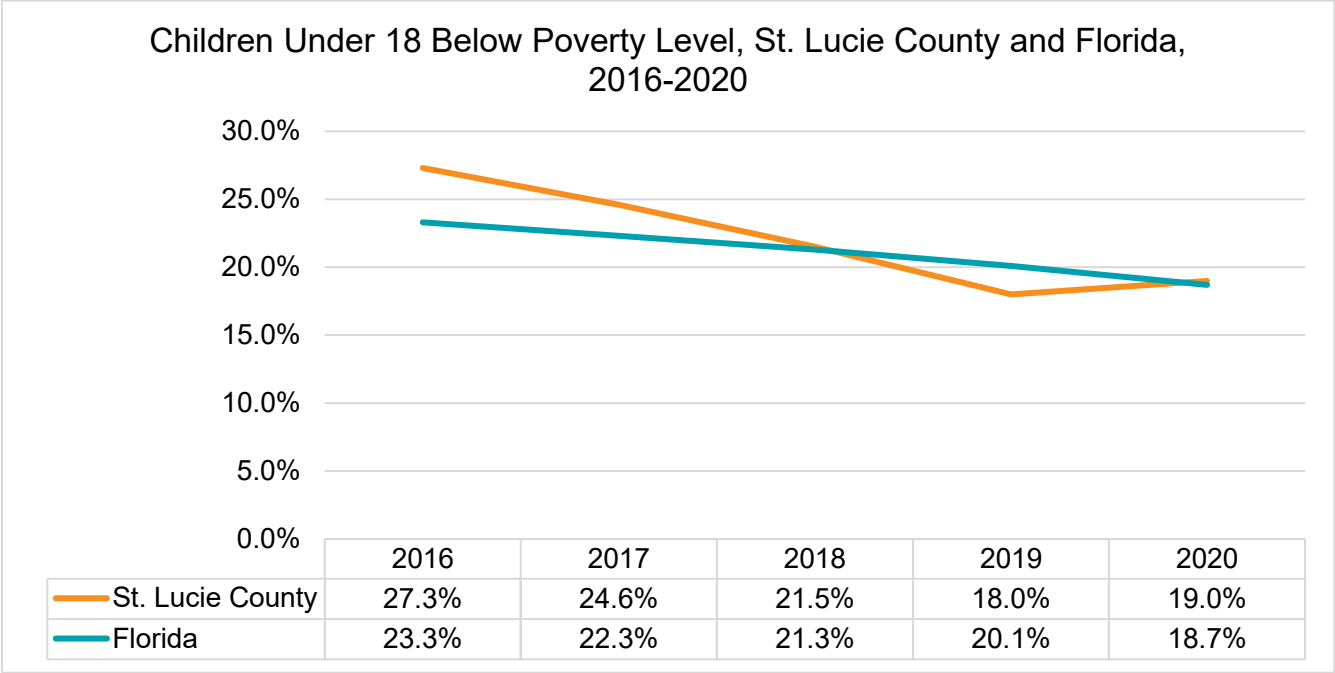
Health Equity Plan

Individuals Living Below the Poverty Level by Age and Census Tract, St. Lucie County, 2020					
Area/ Census Tract	People under 100% of poverty	Under 18 years	18 years and over	18 to 64 years	65 years and over
3821.20	15.2%	0.0%	15.6%	11.6%	18.3%
3821.21	2.5%	0.0%	3.2%	4.6%	0.5%
3821.22	6.9%	0.0%	7.4%	8.4%	7.0%
3821.23	0.2%	0.0%	0.3%	0.1%	0.6%
3821.24	13.9%	20.7%	11.6%	12.7%	0.0%
3821.25	9.9%	13.5%	7.5%	10.1%	0.0%
3821.26	4.1%	0.0%	5.1%	5.8%	4.0%
3821.27	5.6%	0.0%	5.9%	6.1%	5.8%
3821.28	5.9%	12.9%	3.7%	4.7%	0.0%
3821.29	10.3%	14.2%	9.4%	8.5%	13.9%
3821.30	14.8%	20.1%	12.1%	8.9%	31.0%
3822.01	8.9%	0.0%	9.6%	3.8%	11.8%
3822.02	14.9%	34.6%	9.1%	12.6%	0.0%
9800	-	-	-	-	-
9900	-	-	-	-	-

Source: US Census Bureau, American Community Survey, 2020

The figure below shows the proportion of children under 18 living below the poverty level in **St. Lucie County** and **Florida** from 2016 to 2020. Overall, there was a decrease in the proportion of children under 18 living below the poverty level in both St. Lucie County and Florida from 2016 to 2020. In 2020, the proportions were similar in the county and the state (19.0% and 18.7%, respectively). Research has found a strong correlation between poverty in childhood and obesity later in life. For instance, a recent study found that children living in poverty under the age of two are at an elevated risk of obesity by the time they are 15 years old.⁵⁰ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 50: Children Under 18 Below Poverty Level, St. Lucie County and Florida, 2016-2020

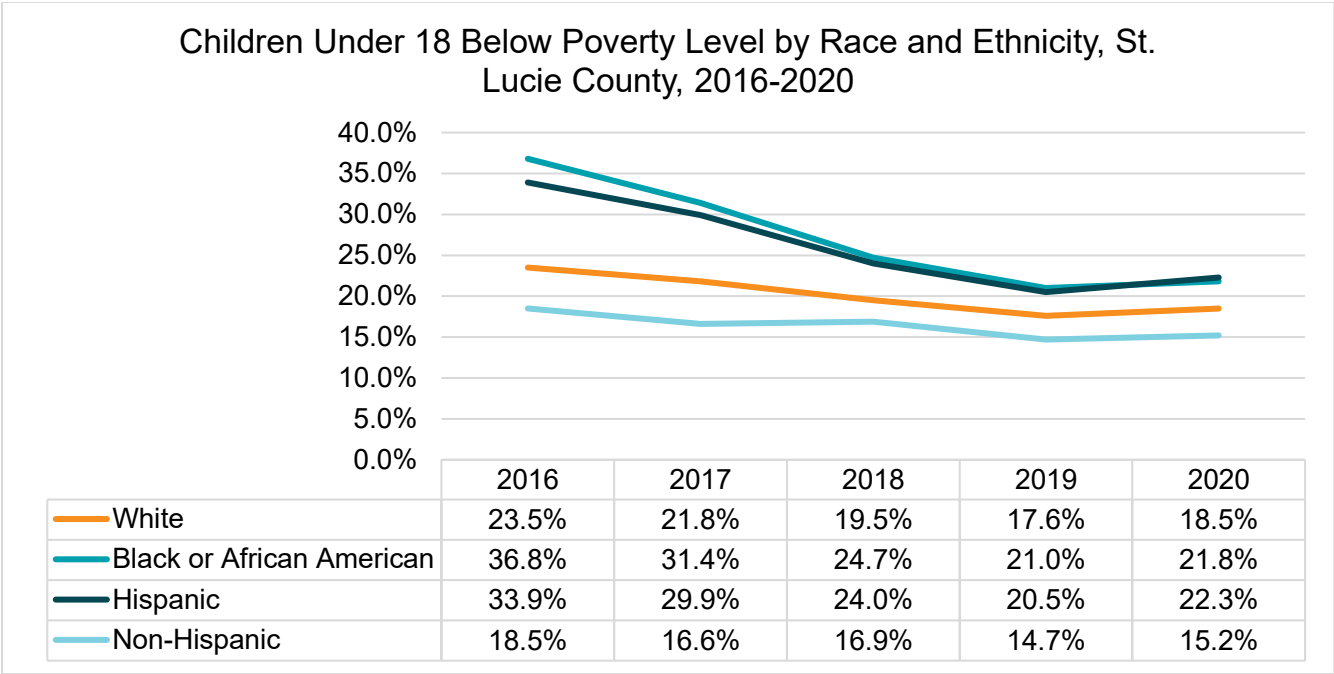


Source: US Census Bureau, American Community Survey, 2020

⁵⁰ Lee, H., Andrew, M., et al. (2013). Longitudinal associations between poverty and obesity from birth through adolescence. *American Journal of Public Health*. 104, e70-e76.

The figure below shows the proportion of children under 18 living below the poverty level by **race and ethnicity** in St. Lucie County from 2016 to 2020. Although there was fluctuation and an overall decrease in the proportion of children under living 18 below the poverty level in St. Lucie County, a higher proportion of children of color lived below poverty level. In 2020, 21.8% of Black or African American children lived below the poverty level, compared to 18.5% of White children. Also, in 2020, 22.3% of Hispanic children lived below the poverty level compared to 15.2% of non-Hispanic children in St. Lucie County. As stated earlier, research has found a strong correlation between poverty in childhood and obesity later in life. For instance, a recent study found that children living in poverty under the age of two are at high risk of obesity by the time they are 15 years old.⁵¹ The HET is considering future community projects aimed at improving access to jobs that pay a living wage and will ensure alignment with the County’s Upward Mobility plan.

Figure 51: Children Under 18 Below Poverty Level by Race and Ethnicity, St. Lucie County, 2016-2020



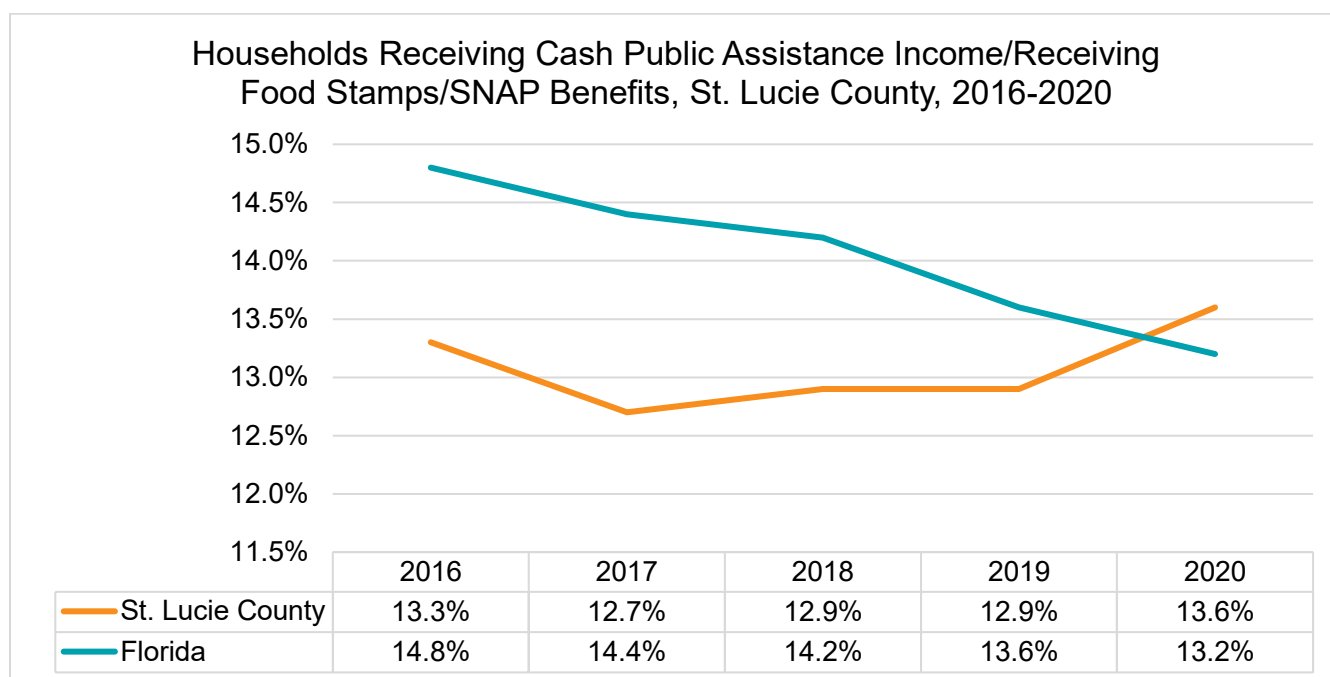
Source: US Census Bureau, American Community Survey, 2016-2020

⁵¹ Lee, H., Andrew, M., et al. (2013). Longitudinal associations between poverty and obesity from birth through adolescence. *American Journal of Public Health*. 104, e70-e76.

Benefits Income

There is a clear association between economic stability and health outcomes.⁵² Public assistance benefits, such as cash income, food stamps, and SNAP, are government-supported programs that help mitigate the effects of poverty, providing a way for individuals to maintain minimum income levels. However, while these public benefits positively impact the quality of life and health of beneficiaries, they do not address all the negative effects of poverty. The figure below shows the proportion of households receiving public assistance benefits in **St. Lucie County** and **Florida** from 2016 to 2020. Among households in Florida, there was an overall decrease in the proportion receiving public assistance benefits in recent years, while the proportion among St. Lucie County households slightly increased in 2020 despite some fluctuation in prior years. In 2020, the proportion in St. Lucie County was 13.6%, compared to 13.2% in Florida. Although residents who receive benefits income face barriers with respect to other social determinants of health, SNAP participation reduces the risk for obesity due to the increased access it provides to healthy, nutritional foods.⁵³ The HET will consider future community projects to increase access to benefits income and SNAP benefits among low-income residents.

Figure 52: Households Receiving Cash Public Assistance Income/Receiving Food Stamps/SNAP Benefits, St. Lucie County, 2016-2020



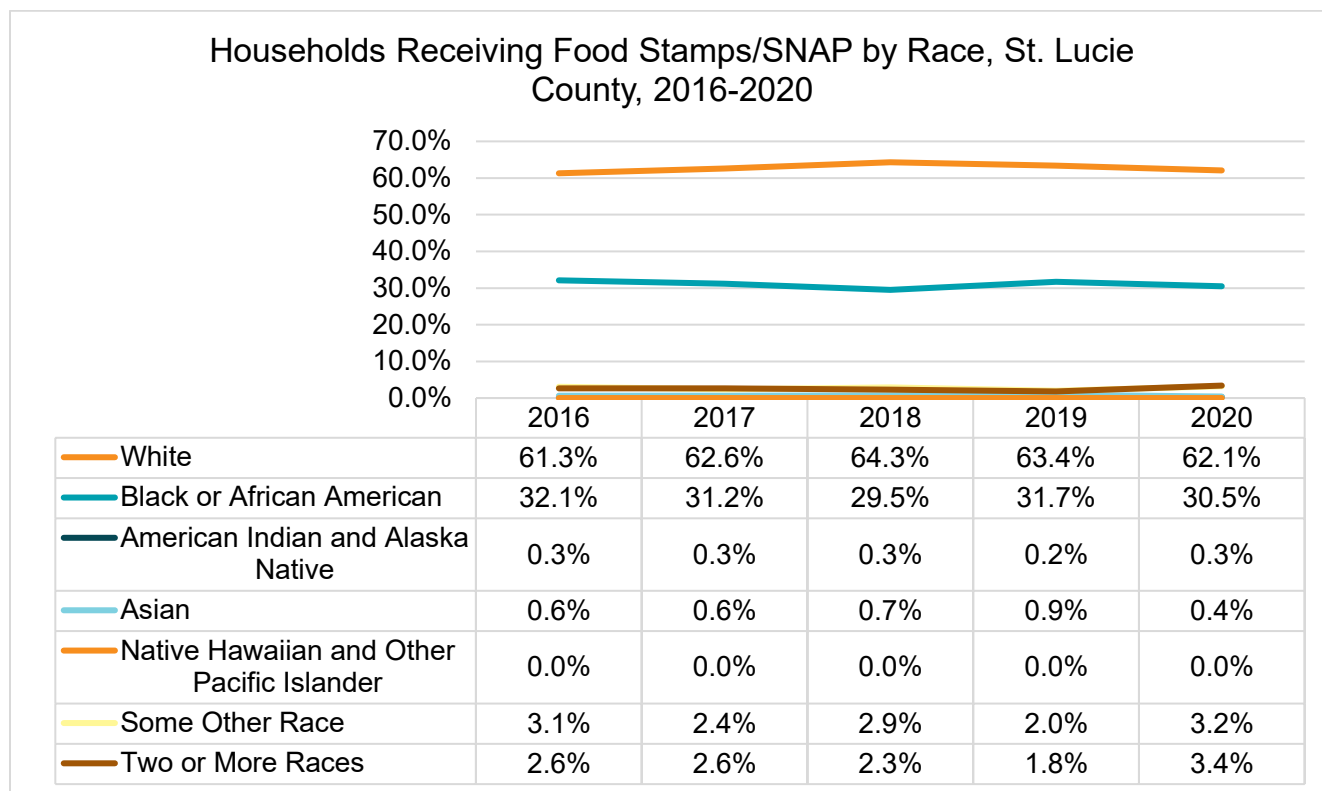
Source: US Census Bureau, American Community Survey, 2016-2020

⁵² Shahidi, Faraz V., et al. "The impact of social assistance programs on population health: a systematic review of research in high-income countries." BMC Public Health 19.1 (2019): 1-11.

⁵³ Schmeiser, M.D. (2011). The impact of long-term participation in the supplemental nutrition assistance program on child obesity. *Health Economics*. 21(4): 386-404.

The figure below shows the proportion of households receiving cash public assistance income/receiving food stamps/SNAP benefits in St. Lucie County by **race** from 2016 to 2020. Among those receiving food stamps/SNAP from 2016 to 2020, most recipients were White. However, despite accounting for approximately 20% of the total county population, Black or African American residents accounted for nearly one-third (30.5%) of households receiving food stamps/SNAP in 2020. Although residents who receive benefits income face barriers with respect to other social determinants of health, SNAP participation reduces the risk for obesity due to the increased access it provides to healthy, nutritional foods.⁵⁴ The HET will consider future community projects to increase access to benefits income and SNAP benefits among low-income residents.

Figure 53: Households Receiving Food Stamps/SNAP by Race, St. Lucie County, 2016-2020

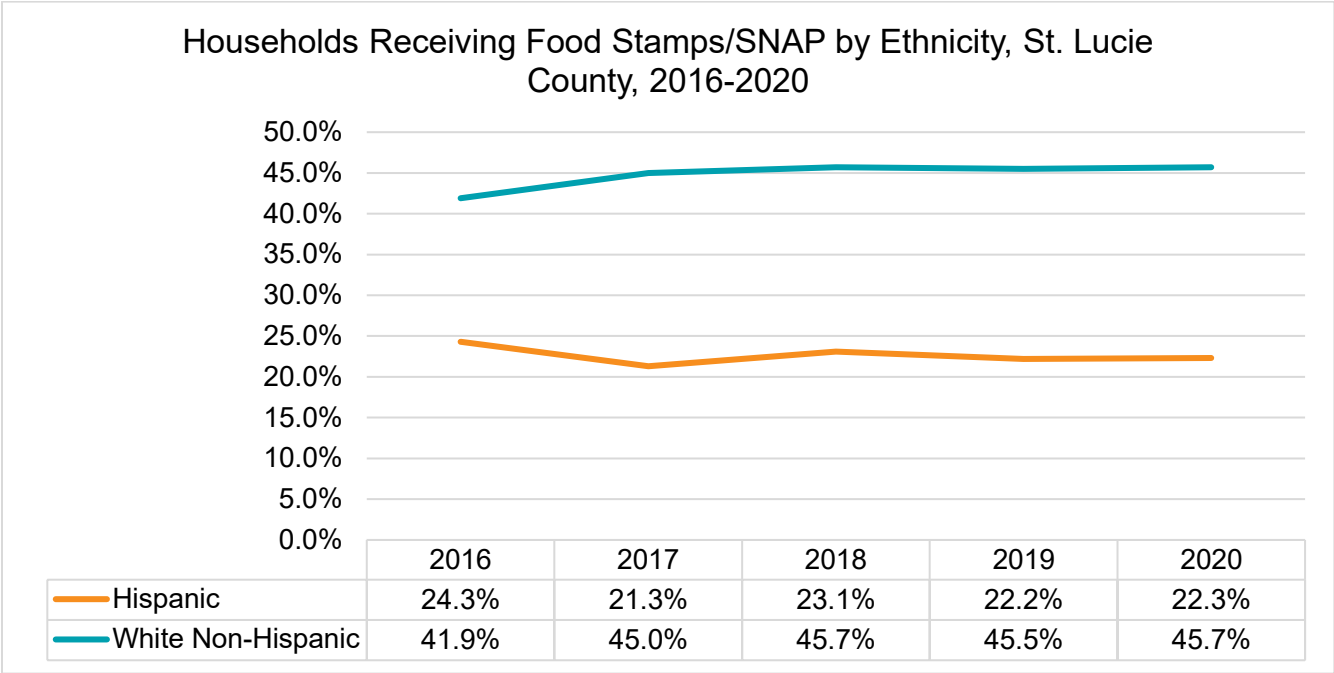


Source: US Census Bureau, American Community Survey, 2016- 2020

⁵⁴ Schmeiser, M.D. (2011). The impact of long-term participation in the supplemental nutrition assistance program on child obesity. *Health Economics*. 21(4): 386-404.

The figure below shows the proportion of households receiving food stamps/SNAP by **ethnicity** in St. Lucie County from 2016 to 2020. Each year, Hispanic households made up a smaller proportion of households receiving food stamps/SNAP compared to White non-Hispanic households. It is important to note that although Hispanic residents accounted for just over 19% of the total county population in 2020, they accounted for 22.3% of all households receiving food stamps/SNAP. The HET will consider future community projects to increase access to benefits income and SNAP benefits among low-income residents.

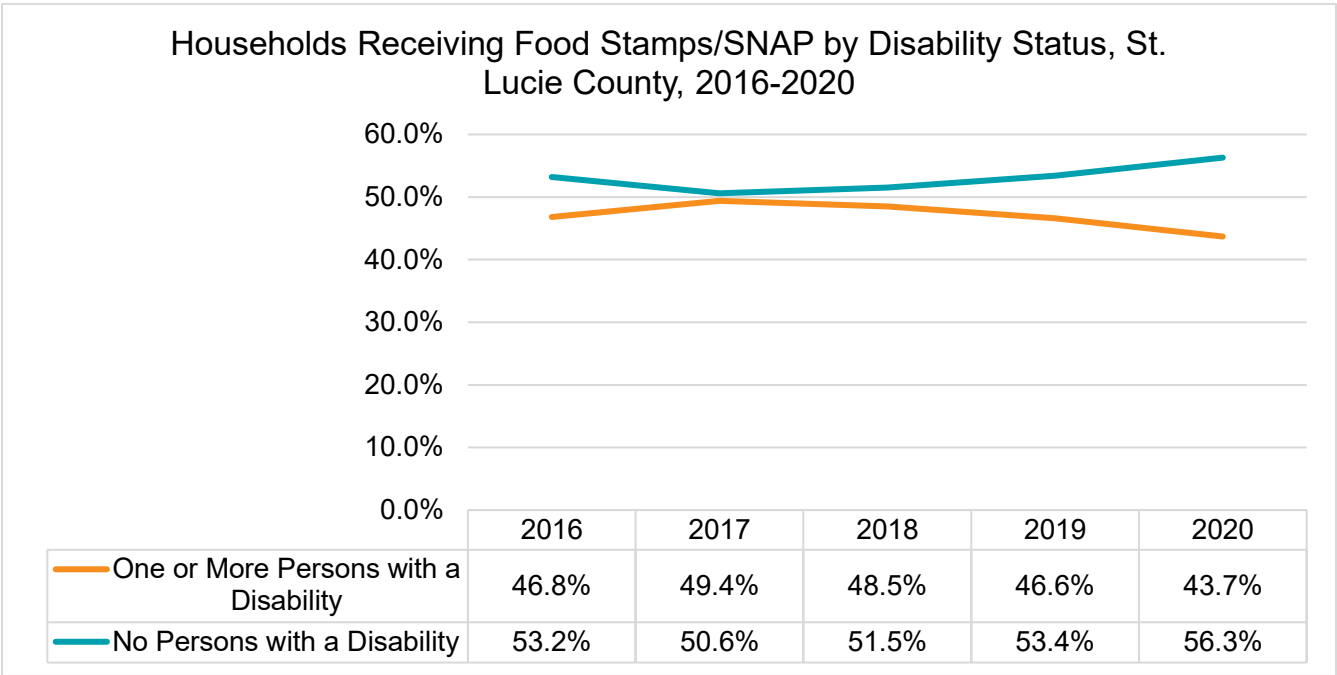
Figure 54: Households Receiving Food Stamps/SNAP by Ethnicity, St. Lucie County, 2016-2020



Source: US Census Bureau, American Community Survey, 2016-2020

The figure below shows the proportion of households receiving food stamps/SNAP by **disability status** in St. Lucie County from 2016 to 2020. Between 2017 and 2020, the proportion of households receiving food stamps/SNAP decreased among those with one or more persons with a disability in the household, while this proportion increased among those with no persons with a disability. Most recently in 2020, 43.7% of households with one or more persons with a disability received food stamps/SNAP, compared to 56.3% of households with no persons with a disability. As stated earlier, although residents who receive benefits income face barriers with respect to other social determinants of health, SNAP participation reduces the risk for obesity due to the increased access it provides to healthy, nutritional foods.⁵⁵ The HET will consider future community projects to increase access to benefits income and SNAP benefits among low-income residents.

Figure 55: Households Receiving Food Stamps/SNAP by Disability Status, St. Lucie County, 2016-2020



Source: US Census Bureau, American Community Survey, 2016-2020

⁵⁵ Schmeiser, M.D. (2011). The impact of long-term participation in the supplemental nutrition assistance program on child obesity. *Health Economics*. 21(4): 386-404.

This table shows the percentage of households with **income benefits** by **census tract** in St. Lucie County in 2020. Notably, over one-quarter of households in census tract 3804 (25.3%) received cash public assistance in 2020. In census tracts 3802 (60.7%), 3803 (55.1%), and 3801 (51.7%), over half of the area households received Food Stamps and SNAP benefits. Although residents who receive benefits income face barriers concerning other social determinants of health, SNAP participation reduces the risk for obesity due to the increased access it provides to healthy, nutritional foods.⁵⁶ The HET will consider future community projects to increase access to benefits income and SNAP benefits among low-income residents.

Figure 56: Households with Income Benefits by Census Tract, St. Lucie County, 2020

Households with Income Benefits by Census Tract, St. Lucie County, 2020						
Area/ Census Tract	With earnings	With social security	With retirement income	With Supplementa l Security Income	With cash public assistance income	With Food Stamp/SNA P benefits
State	72.7%	37.6%	22.7%	5.0%	2.2%	13.2%
County	67.1%	44.4%	26.6%	6.2%	3.7%	13.6%
3801	38.9%	46.0%	4.0%	24.2%	11.1%	51.7%
3802	76.1%	20.2%	6.5%	10.5%	15.1%	60.7%
3803	77.6%	35.2%	12.9%	12.9%	13.5%	55.1%
3804	81.4%	42.1%	10.3%	27.8%	25.3%	45.4%
3805	73.2%	32.0%	8.6%	15.1%	9.9%	33.2%
3806	86.5%	31.3%	14.2%	13.5%	4.1%	26.5%
3807	85.7%	30.6%	14.7%	12.2%	1.1%	13.9%
3808	57.2%	56.6%	36.5%	3.8%	3.0%	11.9%
3809.01	46.3%	44.6%	23.0%	7.1%	2.8%	19.1%
3809.02	67.0%	47.5%	23.4%	11.2%	4.9%	28.3%
3810	69.5%	36.7%	31.7%	5.8%	0.0%	13.1%
3811.03	76.6%	29.2%	11.2%	9.2%	1.5%	17.3%
3811.04	54.1%	53.1%	38.8%	0.0%	2.8%	9.2%
3811.05	72.0%	36.6%	13.5%	1.1%	3.1%	7.9%
3811.06	54.8%	58.4%	57.8%	0.0%	0.0%	4.1%
3811.07	39.5%	75.5%	36.3%	6.7%	1.2%	7.3%
3812.04	42.3%	71.6%	46.9%	4.4%	0.6%	0.4%
3813	53.1%	44.7%	46.8%	5.6%	2.9%	7.8%

⁵⁶ Schmeiser, M.D. (2011). The impact of long-term participation in the supplemental nutrition assistance program on child obesity. *Health Economics*. 21(4): 386-404.

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Households with Income Benefits by Census Tract, St. Lucie County, 2020						
Area/ Census Tract	With earnings	With social security	With retirement income	With Supplementa l Security Income	With cash public assistance income	With Food Stamp/SNA P benefits
3814.01	56.6%	52.7%	31.6%	6.1%	0.0%	14.2%
3814.02	73.2%	32.5%	19.4%	2.9%	6.0%	25.4%
3815.04	66.2%	46.5%	18.6%	4.2%	3.6%	16.6%
3815.05	84.9%	43.5%	23.3%	7.6%	1.6%	13.7%
3815.06	73.7%	41.1%	16.9%	8.4%	4.6%	4.3%
3815.07	80.9%	43.7%	29.8%	1.0%	0.0%	13.4%
3815.08	59.0%	48.1%	23.5%	5.3%	10.9%	15.2%
3816.03	38.6%	73.8%	41.3%	5.4%	0.6%	9.2%
3816.04	75.9%	39.1%	29.1%	5.2%	1.1%	3.3%
3816.05	52.8%	47.4%	26.6%	2.0%	0.0%	3.2%
3817.01	29.1%	85.8%	52.5%	3.1%	2.1%	2.0%
3817.02	27.8%	78.3%	53.6%	4.0%	0.9%	3.9%
3818.02	75.1%	30.5%	19.2%	6.4%	2.0%	19.2%
3818.03	68.6%	40.8%	30.7%	2.8%	1.7%	10.1%
3818.04	77.8%	35.4%	15.8%	9.0%	4.6%	11.9%
3819	69.6%	51.0%	26.2%	2.1%	0.0%	4.1%
3820.07	83.2%	34.2%	15.2%	5.5%	3.0%	9.9%
3820.08	76.1%	38.1%	26.3%	2.6%	0.8%	13.0%
3820.09	81.2%	31.0%	13.9%	20.7%	2.0%	14.3%
3820.10	56.8%	55.5%	28.0%	6.2%	2.7%	15.4%
3820.11	48.2%	53.7%	36.3%	7.5%	9.5%	2.9%
3820.12	74.9%	42.0%	37.5%	2.4%	2.0%	13.6%
3820.13	55.8%	54.6%	30.4%	5.6%	1.0%	18.9%
3820.14	77.4%	37.0%	32.7%	4.1%	10.2%	15.0%
3820.15	68.8%	40.6%	14.4%	4.9%	1.0%	7.4%
3820.16	57.3%	46.6%	35.4%	5.7%	0.0%	7.9%
3821.10	78.5%	36.1%	22.9%	9.0%	4.9%	13.1%
3821.12	80.6%	27.3%	16.9%	6.1%	0.9%	10.4%
3821.14	77.9%	35.9%	23.5%	6.8%	3.5%	8.4%
3821.15	88.9%	33.3%	18.6%	5.1%	3.5%	31.4%

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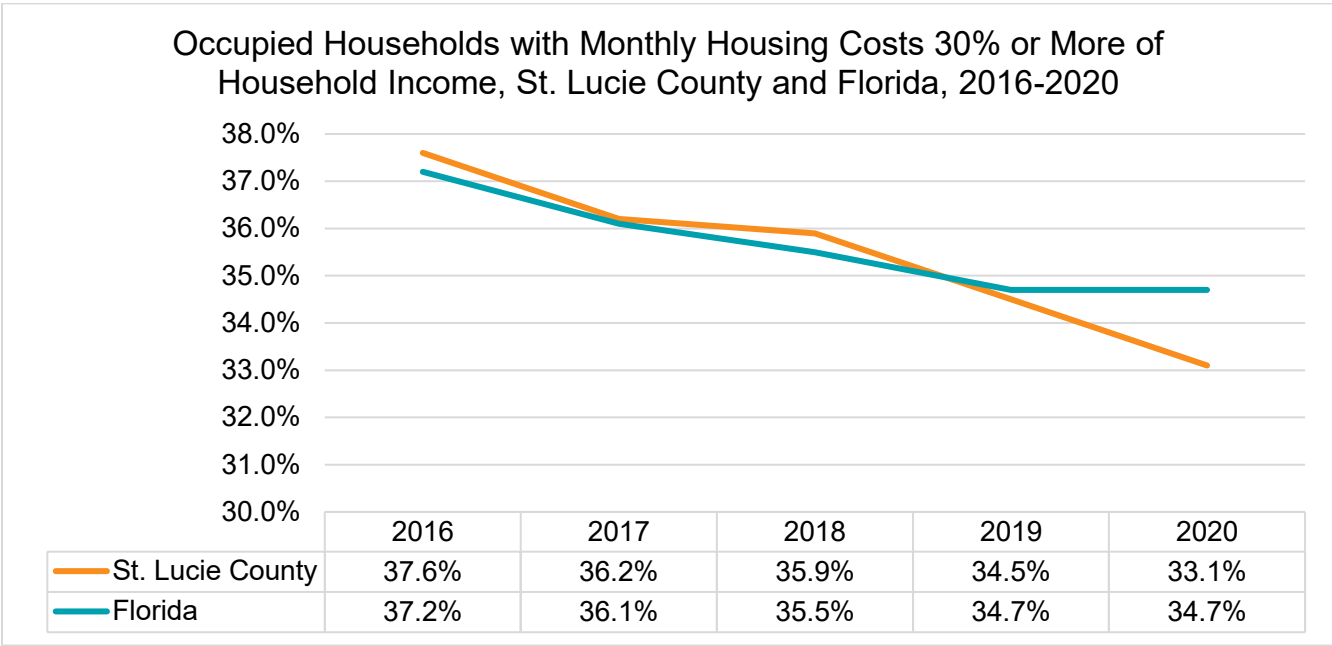
Households with Income Benefits by Census Tract, St. Lucie County, 2020						
Area/ Census Tract	With earnings	With social security	With retirement income	With Supplementa l Security Income	With cash public assistance income	With Food Stamp/SNA P benefits
3821.16	86.4%	37.6%	25.5%	6.0%	11.7%	1.8%
3821.17	75.4%	32.3%	35.5%	5.2%	11.7%	24.6%
3821.18	87.7%	20.8%	31.9%	2.9%	10.2%	4.4%
3821.19	80.2%	29.2%	8.6%	0.0%	3.1%	22.8%
3821.20	47.6%	64.8%	36.2%	2.9%	0.0%	12.6%
3821.21	66.5%	37.0%	21.1%	12.8%	5.0%	5.0%
3821.22	29.5%	86.4%	55.0%	4.1%	1.0%	10.0%
3821.23	63.5%	22.9%	19.6%	20.0%	0.3%	3.4%
3821.24	83.5%	16.5%	19.5%	0.0%	3.2%	8.4%
3821.25	89.5%	13.7%	0.0%	0.0%	10.5%	12.9%
3821.26	58.5%	50.5%	34.8%	0.4%	0.2%	0.4%
3821.27	39.2%	63.5%	39.9%	1.8%	0.0%	1.5%
3821.28	82.5%	30.9%	12.2%	1.7%	5.5%	10.3%
3821.29	87.2%	35.9%	20.2%	4.4%	3.1%	4.3%
3816.02	59.9%	58.5%	21.8%	4.6%	4.3%	11.5%
3821.30	92.5%	21.4%	8.9%	0.0%	2.5%	22.2%
3822.01	27.4%	80.2%	44.3%	6.5%	0.0%	6.5%
3822.02	74.6%	41.2%	32.2%	3.3%	0.0%	2.5%
9800	-	-	-	-	-	-
9900	-	-	-	-	-	-

Source: US Census Bureau, American Community Survey, 2020

High Monthly Housing Costs

High housing costs affect the ability of families to access necessities, such as nutritious food and clean water, and increase the risk of living in unstable housing situations and eviction.⁵⁷ The figure below shows the proportion of occupied households with monthly housing costs that are 30% or more of their household income in **St. Lucie County** and **Florida** from 2016 to 2020. Overall, the proportions for both St. Lucie County and Florida decreased from 2016 to 2020. In 2020, 33.1% of St. Lucie County households had high monthly housing costs, compared to 34.7% in Florida. The high housing cost burden increases the risk of childhood obesity, which is associated with obesity later in life.⁵⁸ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 57: Occupied Households with Monthly Housing Costs 30% or More of Household Income, St. Lucie County and Florida, 2016-2020



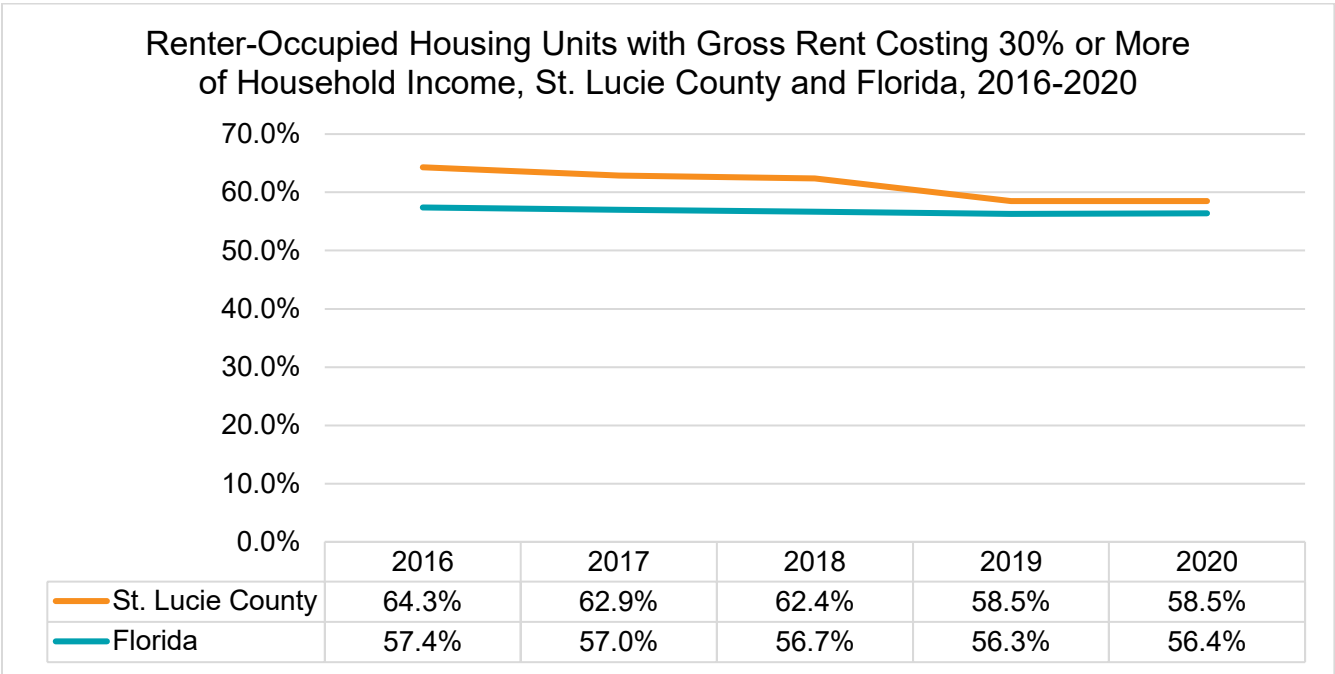
Source: US Census Bureau, American Community Survey, 2016-2020

⁵⁷ U.S. Bureau of Labor Statistics. The effects of rent burden on low-income families. <https://www.bls.gov/opub/mlr/2018/beyond-bls/the-effects-of-the-rent-burden-on-low-income-families.htm>

⁵⁸ Nobari, T. Z., Whaley, S. E., Blumenberg, E., Prelip, M. L., and Wang, M. C. (2019). Severe housing-cost burden and obesity among preschool-aged low-income children in Los Angeles County. *ScienceDirect*. (13): 139-145

The figure below shows the proportion of renter-occupied housing units with gross rent costing 30% or more of household income in **St. Lucie County** and **Florida** from 2016 to 2020. Overall, the proportion for both St. Lucie County and Florida slightly decreased from 2016 to 2020. Each year, the proportion of renter-occupied housing units with gross rent costing 30% or more of household income in St. Lucie County exceeded that of the State. In 2020, 58.5% of renter-occupied housing units had gross rent costing 30% or more of household income in St. Lucie County, compared to 56.4% in Florida. As stated earlier, the high housing cost burden increases the risk for childhood obesity, which is associated with obesity later in life.⁵⁹ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 58: Renter-Occupied Housing Units with Gross Rent Costing 30% or More of Household Income, St. Lucie County and Florida, 2016-2020



Source: US Census Bureau, American Community Survey, 2016-2020

⁵⁹ Nobari, T. Z., Whaley, S. E., Blumenberg, E., Prelip, M. L., and Wang, M. C. (2019). Severe housing-cost burden and obesity among preschool-aged low-income children in Los Angeles County. *ScienceDirect*. (13): 139-145

The impact of economic stability on obesity

Economic Stability		
SDOH	Priority Populations Impacted	How the SDOH Impacts Obesity
Unemployment	Hispanic residents; Black or African American residents; residents of two or more races	Unemployment is correlated with higher rates of obesity. Furthermore, obesity increases the risk of absenteeism among employees, which can lead to the subsequent loss of work and income. These factors are strongly associated with poor health outcomes across the lifespan.
Income	Hispanic residents; Black or African American residents; Asian residents; householders aged 65 years and older; householders aged 15 to 24 years	Research has shown that income has a varied impact on racial/ethnic groups and genders. While some groups may experience a negative correlation between income and obesity, others may experience a positive correlation. For example, one study found that there was a significant correlation between higher poverty-to-income ratios and obesity among non-Hispanic White men and non-Hispanic Black men. Further research shows that children living in poverty are at a higher risk for obesity.
Poverty	Hispanic residents; Black or African American residents; Native Hawaiian and Pacific Islander residents; non-veterans; foreign-born residents	Higher poverty rates are associated with higher obesity rates due to the increased access to highly processed foods with high calories and no nutritional value that are typically low cost, and thus more affordable for those living in poverty. A lack of affordability and access to fresh food sources and green spaces for exercise have also been identified as contributing factors.
Expenses/Debt	Low-income communities	Those with low financial stress and higher savings are less likely to be obese compared to those with high financial burdens and debt. Housing costs play a critical role, as high housing costs negatively impact the economic well-being of families. As a result, these families may face challenges in obtaining healthy and affordable food, clean water, and access to transportation. Furthermore, high housing costs increase the likelihood of eviction for families, threatening their stability and safety.
Support and Benefits	Hispanic residents; Black or African American residents; disabled residents	While participation in SNAP has been shown to significantly reduce obesity due to its core function of increasing access to health and nutritious foods. Research has shown that overall, communities with a high proportion of households receiving cash public assistance or Food Stamps/SNAP may face significant barriers with other social determinants of health, ultimately influencing negative health outcomes.

C. Neighborhood and Built Environment



Neighborhood and built environment data for St. Lucie County

The places in which residents live and spend time have a critical impact on health and well-being for residents. Neighborhoods with high rates of violence, unsafe environmental factors, and other health safety risks can have negative impacts on an individual's health, including health outcomes and mental health issues related to stress and chronic worry. These areas may experience decreased access to quality services and spaces to exercise and eat well, increasing the risk of obesity for individuals in these communities. Additional environmental factors, such as depleted housing conditions related to lead exposure, water leaks, poor ventilation, air pollution, and water pollution directly impact an individual's overall health, as well as their quality of life and ability to live comfortably. Research shows that some racial and ethnic populations, as well as low-income groups, are more likely to live in areas with increased risk factors, such as decreased access to green spaces and parks, quality water, and quality air, further compounding health inequities for these residents.^{60 61} As such, neighborhoods and the built environment are an important determinant of overall health and a critical component to address when working towards eliminating health disparities.

The following data explores neighborhood and built environment factors in St. Lucie County. It is important to note that disaggregated data was not available for all populations, such as American Indian and Alaska Natives, Asians, Native Hawaiians, Hispanic and Latino residents, elders, infants and toddlers, people living with disabilities, veterans, people identifying as LGBTQ+, and immigrants. Research shows that these populations experience health inequities at higher rates. However, data was unavailable for these populations in many instances.

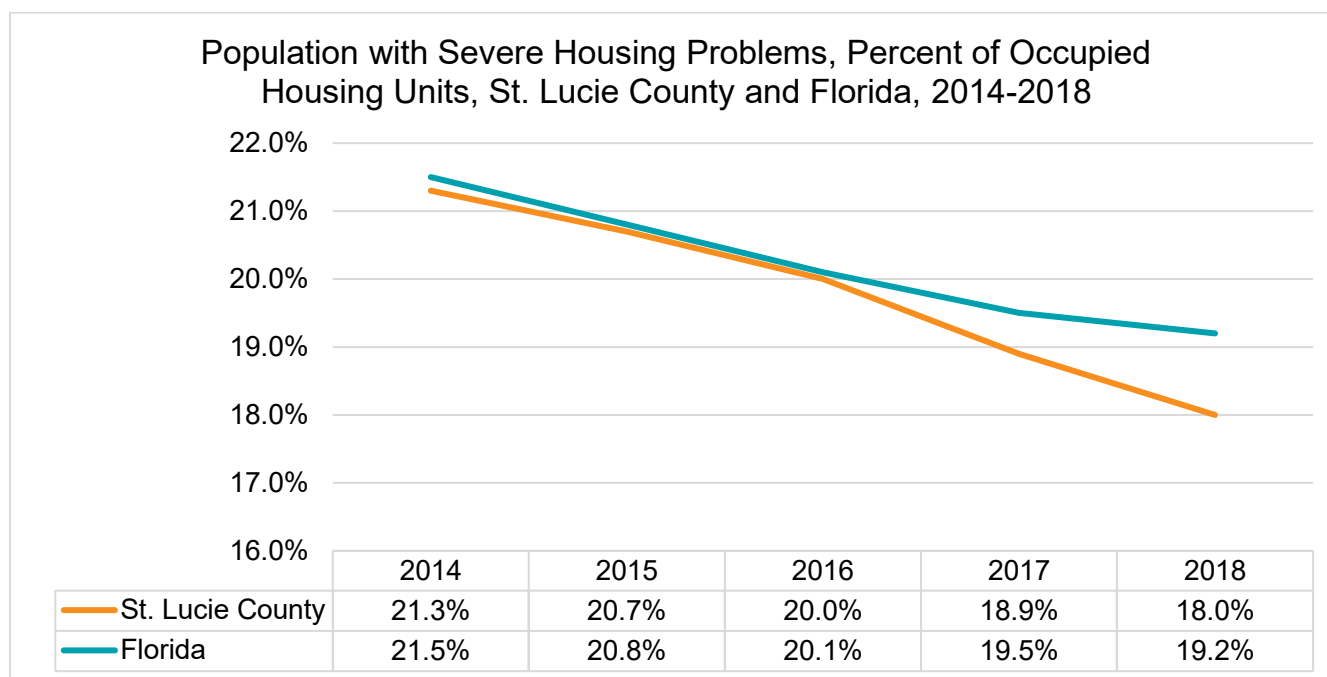
⁶⁰ Healthy People 2030. (2022). Neighborhood and built environment. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/neighborhood-and-built-environment>

⁶¹ Healthy People 2030. (2022). Environmental health. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/environmental-health>

Severe Housing Problems

Households with severe housing problems include those with a high housing cost burden, more than 1.5 occupants per room, lack of plumbing facilities, and/or lack of kitchen facilities. The figure below shows the proportion of resident with severe housing problems in **St. Lucie County** and **Florida** from 2014 to 2018. Overall, the proportion for both St. Lucie County and Florida decreased over time. Each year, the percent of occupied housing units with severe housing problems in Florida exceeded the percent of occupied housing units with severe housing problems in St. Lucie County. In 2018, 18.0% of St. Lucie County occupied housing units had severe housing problems, compared to 19.2% in Florida. These severe housing problems increase the risk for obesity and morbidity.⁶² The HET acknowledges affordable, stable, and adequate housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability and improve housing conditions.

Figure 59: Population with Severe Housing Problems, Percent of Occupied Housing Units, St. Lucie County and Florida, 2014-2018



Source: US Census Bureau, American Community Survey, 2014-2018

⁶² Taylor, Lauren. "Housing and Health: An Overview of the Literature." Health Affairs Health Policy Brief. Robert Wood Johnson Foundation, June 7, 2018. <https://doi.org/10.1377/hpb20180313.396577>.

Housing Characteristics

The table below shows important occupied housing unit characteristics by **census tract** in St. Lucie County in 2020. Census tract 3815.04 reported the highest proportion of housing units that lacked complete plumbing facilities (6.3%), followed by census tract 3821.21 (5.9%) and census tract 3822.02 (4.7%). When considering occupied housing units lacking kitchen facilities, census tracts 3815.04 (6.3%), 3821.21 (5.9%), and 3822.02 (4.7%) reported the highest proportion of households. Census tract 3821.22 reported the highest proportion of housing units with utility gas as heating fuel (47.3%), followed by census tract 3811.06 (11.4%) and census tract 3821.26 (9.7%). Census tracts 3820.16 (3.9%), 3813 (3.1%), and 3817.02 (2.8%) reported the highest proportion of housing units with bottled, tank, or LP gas as heating fuel. Notably, among those housing units that use electricity as heating fuel, census tract 3821.22 reported a significantly lower proportion of households using electricity as heating fuel (52.7%) compared to other census tracts in the county. While most census tracts did not report any housing units with fuel oil or kerosene as heating fuel, census tracts 3810 (5.0%), 3809.02 (2.7%), and 3821.10 (1.9%) reported the highest proportions in the county. Similarly, most census tracts did not report any housing units with wood as heating fuel. However, census tracts 3822.02 (1.6%), 3820.12 (0.7%), and 3807 (0.5%) reported the highest proportions in the county. Lastly, it is important to note that many census tracts in St. Lucie County reported housing units with no fuel used to heat the unit, led by census tract 3818.04 (6.7%), 3817.02 (6.0%), and 3811.04 (5.9%). Recent research has shown that such housing characteristics have a definitive impact on resident's health, including their risk for obesity.⁶³ The HET acknowledges affordable, stable, and adequate housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability and improve housing conditions.

Figure 60: Housing Characteristics of Occupied Units by Census Tract, St. Lucie County, 2020

Housing Characteristics of Occupied Units by Census Tract, St. Lucie County, 2020								
Area/ Census Tract	Lacking complete plumbing facilities	Lacking kitchen facilities	Utility gas as heating fuel	Bottled, tank or LP gas as heating fuel	Electricity as heating fuel	Fuel oil, kerosene etc. as heating fuel	Wood as heating fuel	No fuel used to heat
State	0.3%	0.7%	4.7%	0.9%	91.9%	0.1%	0.1%	2.0%
County	0.4%	0.7%	3.2%	0.6%	94.2%	0.2%	0.0%	1.7%
3801	0.0%	0.0%	7.3%	0.0%	89.3%	0.0%	0.0%	3.3%
3802	0.8%	2.7%	8.7%	2.4%	88.1%	0.0%	0.0%	0.8%
3803	1.1%	2.9%	1.8%	0.6%	97.6%	0.0%	0.0%	0.0%
3804	0.0%	0.0%	2.4%	0.9%	95.2%	0.0%	0.0%	1.5%
3805	0.0%	0.0%	0.0%	0.7%	96.4%	0.0%	0.0%	2.9%
3806	0.0%	0.0%	6.2%	0.0%	92.4%	0.0%	0.0%	1.4%
3807	0.0%	1.6%	2.7%	0.0%	95.1%	0.8%	0.5%	0.9%
3808	0.0%	0.0%	1.5%	0.0%	97.1%	0.0%	0.0%	1.5%

⁶³ Hood, E. (2005). Dwelling disparities: How poor housing leads to poor health. *Environ Health Prospect.* 113(5): A310-A317.

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Housing Characteristics of Occupied Units by Census Tract, St. Lucie County, 2020								
Area/ Census Tract	Lacking complete plumbing facilities	Lacking kitchen facilities	Utility gas as heating fuel	Bottled, tank or LP gas as heating fuel	Electricity as heating fuel	Fuel oil, kerosene etc. as heating fuel	Wood as heating fuel	No fuel used to heat
3809.01	0.0%	0.0%	0.0%	0.8%	95.5%	1.1%	0.0%	2.5%
3809.02	0.0%	0.0%	3.3%	0.0%	91.2%	2.7%	0.0%	2.8%
3810	0.0%	0.0%	0.0%	0.4%	92.7%	5.0%	0.0%	1.9%
3811.03	0.0%	0.0%	6.1%	0.0%	92.6%	0.0%	0.0%	1.3%
3811.04	0.0%	0.0%	0.0%	0.0%	94.1%	0.0%	0.0%	5.9%
3811.05	0.0%	0.0%	0.0%	1.4%	98.6%	0.0%	0.0%	0.0%
3811.06	0.0%	0.0%	11.4%	1.4%	85.3%	0.0%	0.0%	1.9%
3811.07	0.0%	0.0%	5.3%	0.0%	92.9%	0.0%	0.0%	1.8%
3812.04	0.0%	0.0%	2.2%	1.5%	93.2%	0.0%	0.0%	3.1%
3813	0.0%	0.9%	2.6%	3.1%	92.4%	0.0%	0.0%	1.9%
3814.01	0.0%	0.0%	2.9%	0.0%	92.5%	0.0%	0.0%	4.7%
3814.02	0.0%	1.5%	0.5%	0.0%	97.4%	0.0%	0.0%	2.1%
3815.04	6.3%	6.3%	0.0%	0.0%	98.3%	0.0%	0.0%	1.7%
3815.05	0.0%	0.0%	0.0%	0.0%	94.2%	1.8%	0.0%	4.0%
3815.06	1.5%	0.0%	1.9%	0.0%	98.1%	0.0%	0.0%	0.0%
3815.07	0.0%	0.0%	0.0%	1.2%	98.8%	0.0%	0.0%	0.0%
3815.08	0.0%	0.0%	2.0%	0.0%	96.4%	0.0%	0.0%	1.7%
3816.03	0.0%	0.0%	1.1%	0.9%	96.6%	0.0%	0.0%	1.4%
3816.04	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
3816.05	0.0%	0.0%	0.3%	0.0%	99.2%	0.0%	0.0%	0.4%
3817.01	0.0%	0.0%	2.0%	0.0%	95.6%	0.0%	0.0%	2.3%
3817.02	0.7%	0.7%	0.5%	2.8%	90.7%	0.0%	0.0%	6.0%
3818.02	0.4%	1.2%	4.2%	0.9%	93.8%	0.0%	0.0%	1.1%
3818.03	0.0%	1.4%	4.2%	0.0%	95.2%	0.0%	0.0%	0.6%
3818.04	0.0%	0.0%	7.2%	0.6%	85.5%	0.0%	0.0%	6.7%
3819	0.0%	0.0%	1.5%	1.9%	92.8%	0.0%	0.0%	0.9%
3820.07	0.0%	0.0%	1.1%	1.0%	96.1%	0.0%	0.0%	1.9%
3820.08	0.0%	1.3%	1.3%	1.6%	96.1%	0.0%	0.0%	1.0%
3820.09	0.0%	0.9%	1.1%	0.0%	97.6%	0.0%	0.0%	1.3%
3820.10	0.0%	0.0%	0.0%	0.3%	96.8%	0.6%	0.0%	2.3%
3820.11	1.5%	1.5%	2.4%	0.0%	93.5%	0.0%	0.0%	4.1%
3820.12	0.0%	0.7%	0.9%	0.0%	98.3%	0.0%	0.7%	0.0%
3820.13	0.0%	2.3%	0.0%	0.0%	97.1%	0.0%	0.0%	2.9%
3820.14	1.0%	0.0%	1.4%	0.9%	93.1%	0.0%	0.0%	4.6%

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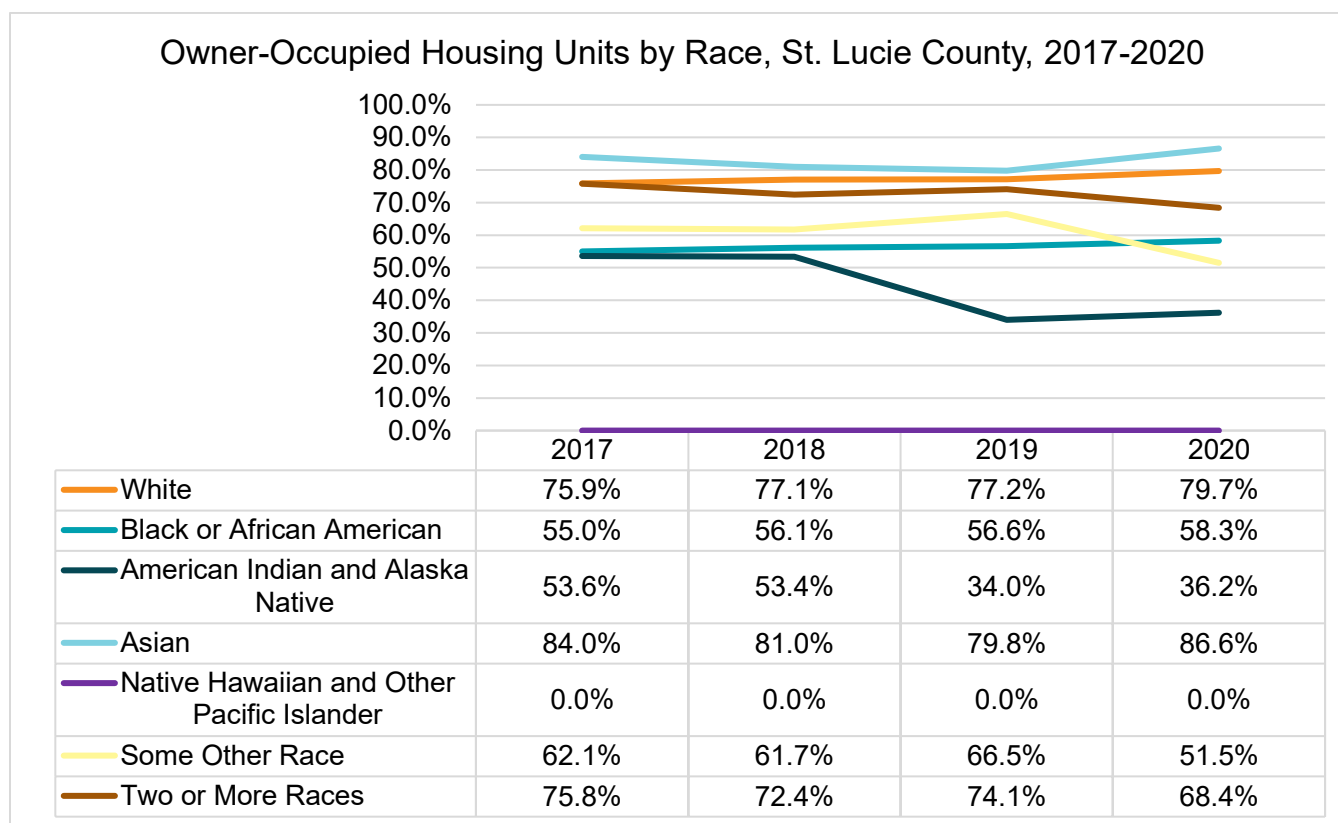
Housing Characteristics of Occupied Units by Census Tract, St. Lucie County, 2020								
Area/ Census Tract	Lacking complete plumbing facilities	Lacking kitchen facilities	Utility gas as heating fuel	Bottled, tank or LP gas as heating fuel	Electricity as heating fuel	Fuel oil, kerosene etc. as heating fuel	Wood as heating fuel	No fuel used to heat
3820.15	0.0%	0.0%	1.1%	0.0%	98.9%	0.0%	0.0%	0.0%
3820.16	0.0%	0.0%	7.3%	3.9%	87.6%	0.0%	0.0%	1.2%
3821.10	0.0%	0.0%	0.0%	0.0%	97.8%	1.9%	0.0%	0.3%
3821.12	0.0%	0.2%	0.9%	1.1%	97.2%	0.0%	0.0%	0.8%
3821.14	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
3821.15	0.0%	0.0%	0.0%	1.4%	98.6%	0.0%	0.0%	0.0%
3821.16	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
3821.17	0.0%	0.0%	0.0%	0.0%	96.3%	0.0%	0.0%	3.7%
3821.18	0.0%	0.0%	0.0%	0.0%	99.5%	0.0%	0.0%	0.5%
3821.19	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
3821.20	0.0%	0.0%	7.5%	0.0%	88.9%	0.0%	0.0%	3.7%
3821.21	5.9%	5.9%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
3821.22	0.0%	0.0%	47.3%	0.0%	52.7%	0.0%	0.0%	0.0%
3821.23	0.0%	0.0%	0.0%	0.0%	90.5%	0.0%	0.0%	4.6%
3821.24	0.0%	0.0%	0.0%	0.0%	95.7%	0.0%	0.0%	4.3%
3821.25	0.0%	0.0%	1.2%	0.0%	98.8%	0.0%	0.0%	0.0%
3821.26	4.4%	4.4%	9.7%	0.0%	89.6%	0.0%	0.0%	0.7%
3821.27	0.0%	0.0%	0.0%	0.0%	99.1%	0.9%	0.0%	0.0%
3821.28	0.0%	0.0%	0.0%	2.0%	96.5%	0.0%	0.0%	1.5%
3821.29	0.0%	0.0%	0.0%	0.0%	98.0%	0.0%	0.0%	2.0%
3816.02	0.0%	0.0%	0.0%	0.0%	96.8%	0.0%	0.0%	3.2%
3821.30	0.0%	0.0%	0.0%	0.0%	95.9%	0.0%	0.0%	4.1%
3822.01	0.0%	0.0%	0.0%	0.0%	98.7%	0.0%	0.0%	0.0%
3822.02	4.7%	4.7%	0.0%	0.0%	98.4%	0.0%	1.6%	0.0%
9800	-	-	-	-	-	-	-	-
9900	-	-	-	-	-	-	-	-

Source: United States Bureau of the Census, American Community Survey, 2020

Housing

The figure below shows the percent of owner-occupied housing units by **race** in St. Lucie County. Between 2017 and 2020, a higher proportion of White and Asian households were owner-occupied compared to all other races in St. Lucie County. While White, Black or African American, and Asian owner-occupied housing units reported an increasing trend over this timeframe, the proportion of owner-occupied housing units for American Indian and Alaska Native residents, residents of some other race, and residents of two or more races decreased overall. Notably, no Native Hawaiian or other Pacific Islander households were reported to be owner-occupied between 2017 and 2020 in St. Lucie County. Home ownership is associated with lower risk of child obesity, which is associated with healthy weight later in life.⁶⁴ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 61: Owner-Occupied Housing Units by Race, St. Lucie County, 2017-2020

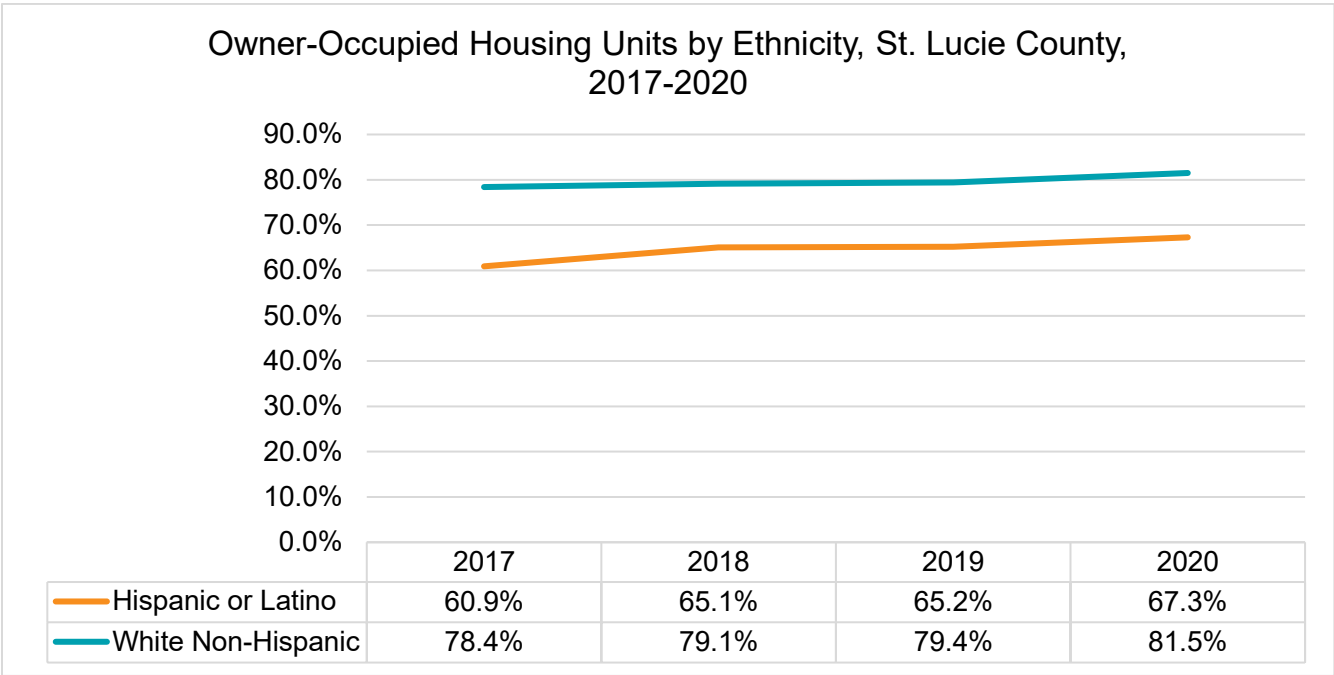


Source: US Census Bureau, American Community Survey, 2017-2020

⁶⁴ Kim, Y., Cubbin, C. Oh, S. (2019). A systematic review of neighborhood economic context on child obesity and obesity-related behaviors. *Obesity Reviews*. 20(3): 420-431.

The figure below shows the proportion of owner-occupied housing units by **ethnicity** in St. Lucie County. Between 2017 to 2020, both Hispanic and White non-Hispanic households reported an increase in the percentage of owner-occupied housing units, with a higher proportion of White non-Hispanic households reported as owner-occupied compared to Hispanic owner-occupied housing units. In 2020, the percentage of owner-occupied housing units reached 81.5% for White non-Hispanic residents as compared to 67.3% for Hispanic or Latino residents. As mentioned earlier, home ownership is associated with lower risk of child obesity, which is associated with healthy weight later in life.⁶⁵ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 62: Owner-Occupied Housing Units by Ethnicity, St. Lucie County, 2017-2020

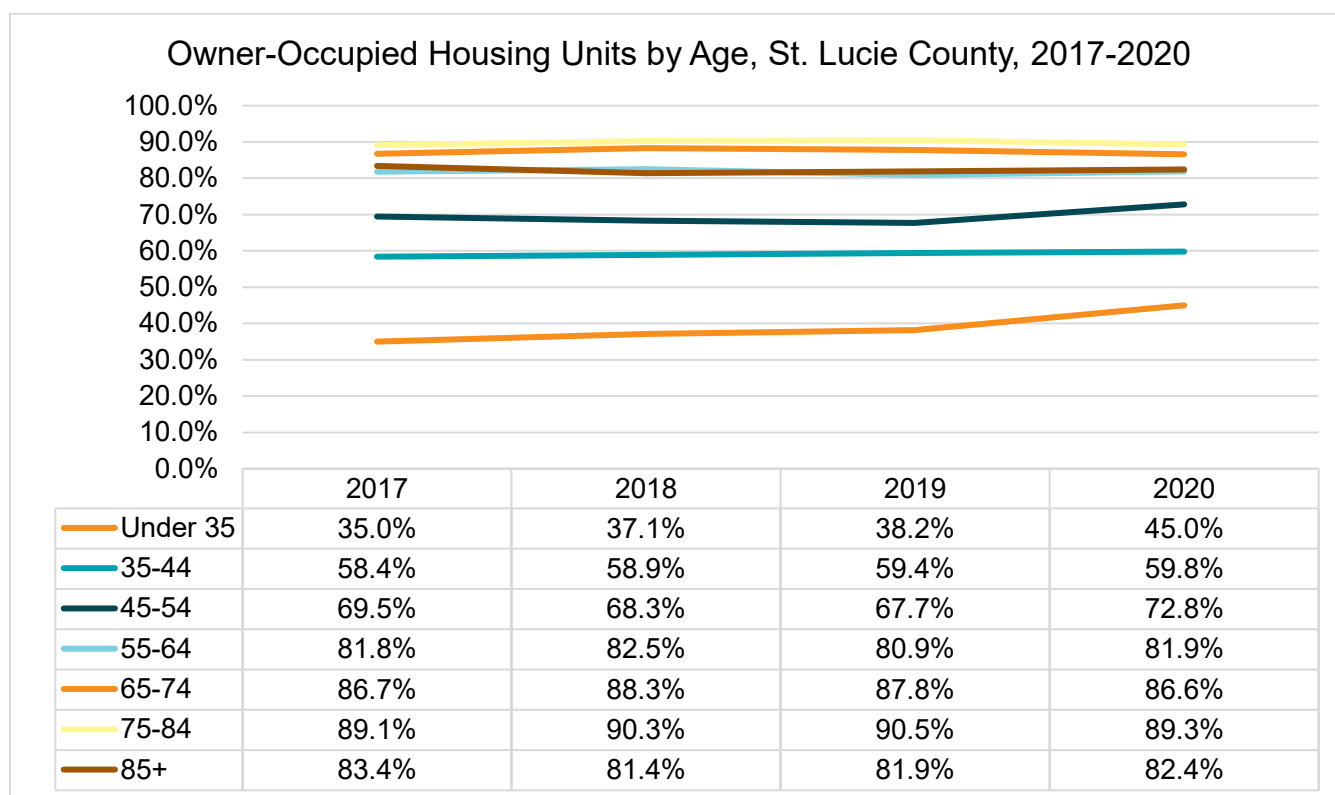


Source: US Census Bureau, American Community Survey, 2017-2020

⁶⁵ Kim, Y., Cubbin, C. Oh, S. (2019). A systematic review of neighborhood economic context on child obesity and obesity-related behaviors. *Obesity Reviews*. 20(3): 420-431.

The figure shows the percent of owner-occupied housing units by **age** in St. Lucie County from 2017 to 2020. Between 2017 and 2020, higher proportions of owner-occupied housing units were reported among seniors in St. Lucie County. The highest percentages were consistently reported by those aged 75 to 84 years. The lowest percentages were consistently reported among those aged under 35 years. Home ownership is associated with lower risk of child obesity, which is associated with healthy weight later in life.⁶⁶ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 63: Owner-Occupied Housing Units by Age, St. Lucie County, 2017-2020



Source: US Census Bureau, American Community Survey, 2017-2020

⁶⁶ Kim, Y., Cubbin, C. Oh, S. (2019). A systematic review of neighborhood economic context on child obesity and obesity-related behaviors. *Obesity Reviews*. 20(3): 420-431.

The table below shows owner- and renter-occupied housing units by **census tract** in St. Lucie County in 2020. The county had a higher proportion of owner-occupied housing units than the State (75.1% and 66.2%, respectively). Within the county, the census tract with the highest proportion of owner-occupied units was census tract 3822.01 (98.7%) and the census tract with the highest proportion of renter-occupied housing units was census tract 3801 (82.5%). As stated earlier, home ownership is associated with lower risk of child obesity, which is associated with healthy weight later in life.⁶⁷ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

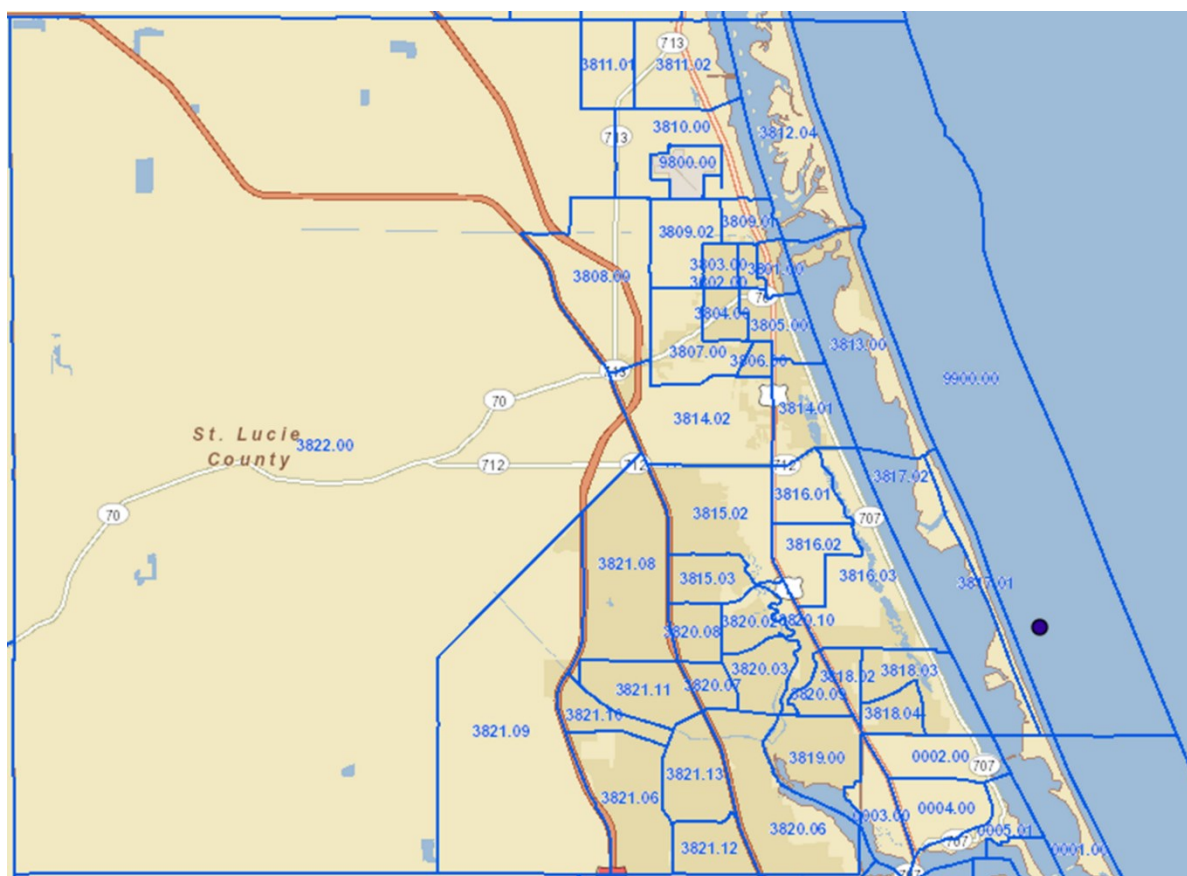


Figure 64: Owner- and Renter-Occupied Housing Units by Census Tract, St. Lucie County, 2020

Owner- and Renter-Occupied Housing Units by Census Tract, St. Lucie County, 2020		
Area/Census Tract	Owner-occupied	Renter-occupied
State	66.2%	33.8%
County	75.1%	24.9%
3801	17.5%	82.5%
3802	19.9%	80.1%
3803	28.7%	71.3%
3804	31.7%	68.3%

⁶⁷ Kim, Y., Cubbin, C. Oh, S. (2019). A systematic review of neighborhood economic context on child obesity and obesity-related behaviors. *Obesity Reviews*. 20(3): 420-431.

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Owner- and Renter-Occupied Housing Units by Census Tract, St. Lucie County, 2020		
Area/Census Tract	Owner-occupied	Renter-occupied
3805	50.0%	50.0%
3806	78.7%	21.3%
3807	51.9%	48.1%
3808	88.9%	11.1%
3809.01	50.3%	49.7%
3809.02	70.6%	29.4%
3810	79.7%	20.3%
3811.03	64.0%	36.0%
3811.04	92.7%	7.3%
3811.05	86.2%	13.8%
3811.06	77.7%	22.3%
3811.07	93.2%	6.8%
3812.04	85.0%	15.0%
3813	73.0%	27.0%
3814.01	75.5%	24.5%
3814.02	49.7%	50.3%
3815.04	66.5%	33.5%
3815.05	86.9%	13.1%
3815.06	68.0%	32.0%
3815.07	87.5%	12.5%
3815.08	84.9%	15.1%
3816.03	72.6%	27.4%
3816.04	98.4%	1.6%
3816.05	91.9%	8.1%
3817.01	88.3%	11.7%
3817.02	85.6%	14.4%
3818.02	34.3%	65.7%
3818.03	71.0%	29.0%
3818.04	76.2%	23.8%
3819	85.9%	14.1%
3820.07	77.8%	22.2%
3820.08	73.3%	26.7%
3820.09	60.4%	39.6%
3820.1	76.9%	23.1%
3820.11	83.9%	16.1%
3820.12	78.0%	22.0%
3820.13	86.3%	13.7%
3820.14	88.8%	11.2%
3820.15	78.4%	21.6%
3820.16	89.0%	11.0%
3821.1	92.5%	7.5%
3821.12	80.7%	19.3%
3821.14	84.6%	15.4%
3821.15	72.7%	27.3%
3821.16	91.2%	8.8%

Florida Department of Health in St. Lucie

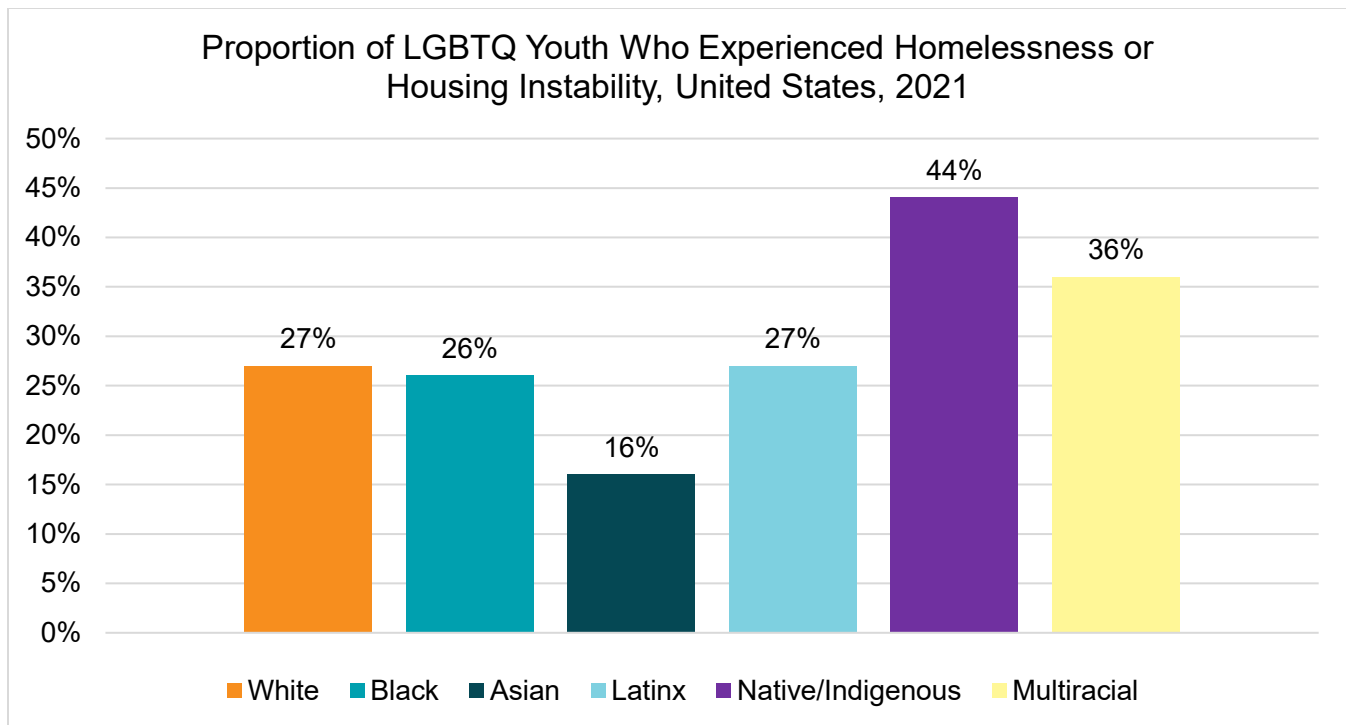
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Owner- and Renter-Occupied Housing Units by Census Tract, St. Lucie County, 2020		
Area/Census Tract	Owner-occupied	Renter-occupied
3821.17	87.0%	13.0%
3821.18	64.1%	35.9%
3821.19	91.2%	8.8%
3821.2	80.4%	19.6%
3821.21	66.9%	33.1%
3821.22	92.3%	7.7%
3821.23	83.9%	16.1%
3821.24	68.7%	31.3%
3821.25	48.8%	51.2%
3821.26	74.7%	25.3%
3821.27	91.3%	8.7%
3821.28	78.2%	21.8%
3821.29	90.3%	9.7%
3816.02	65.1%	34.9%
3821.3	89.3%	10.7%
3822.01	98.7%	1.3%
3822.02	90.4%	9.6%
9800	-	-
9900	-	-

Source: US Census Bureau, American Community Survey, 2020

Unfortunately, there is no county or state-level data on housing among **LGBTQ+ youth**. However, the Trevor Project 2021 National Survey on LGBTQ Youth Mental Health examined housing instability and homelessness among LGBTQ youth ages 13 to 24. Overall, 28% of LGBTQ youth reported experiencing homelessness or housing instability at some point, including over 44% of Native/Indigenous LGBTQ youth.⁶⁸ Furthermore, the National Transgender Discrimination Survey found that Florida residents of **trans experience** faced housing discrimination and housing instability. The study showed that 12% were evicted, 14% were denied a home, 16% became homeless, 23% had to find temporary housing, and only 47% owned their homes, compared to 67% of the state's general population.⁶⁹ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 65: Proportion of LGBTQ Youth Who Experienced Homelessness or Housing Instability, United States, 2021



Source: Trevor Project, National Survey on LGBTQ Mental Health, 2021

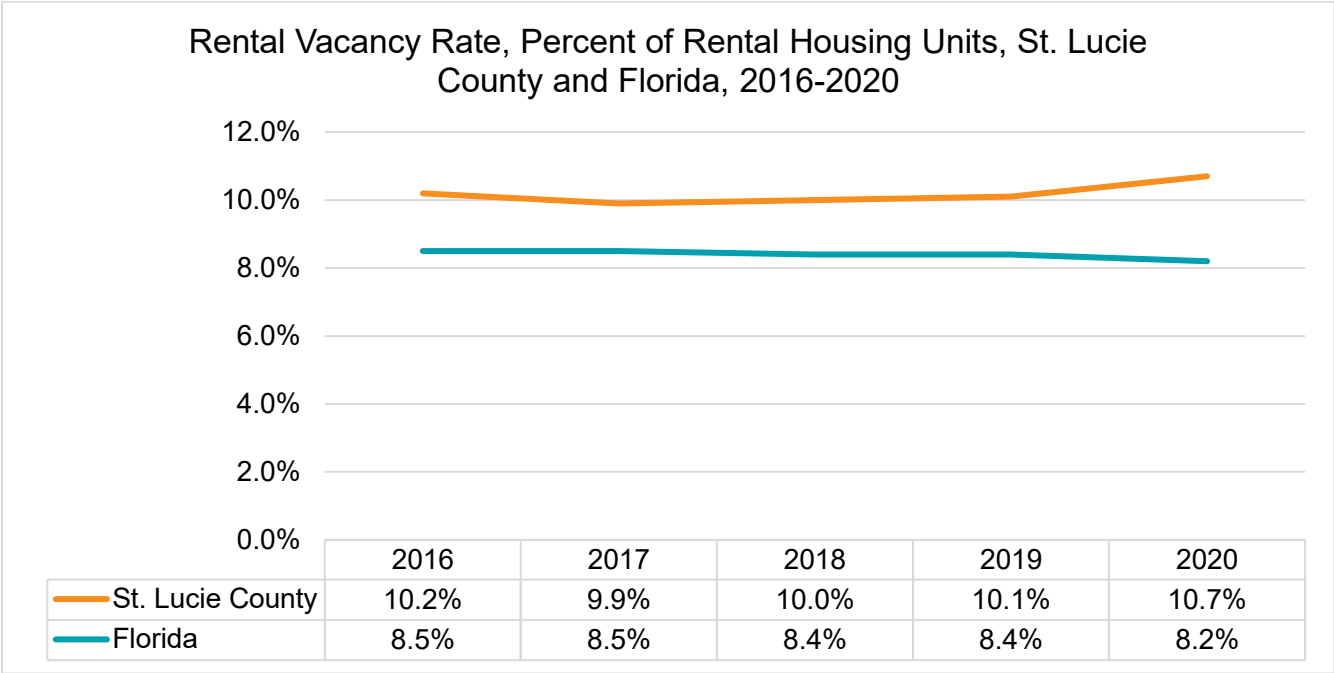
⁶⁸ Trevor Project. 2021. National Survey on LGBTQ Mental Health. Retrieved from: <https://www.thetrevorproject.org/research-briefs/homelessness-and-housing-instability-among-lgbtq-youth-feb-2022/>

⁶⁹ National Center for Transgender Equality and the National Gay and Lesbian Task Force. 2012. Florida Results. Retrieved from: https://transequality.org/sites/default/files/docs/resources/ntds_state_fl.pdf

Rental Vacancy Rate

The figure below shows the rental vacancy rate in **St. Lucie County** and **Florida** from 2016 to 2020. Each year, the rental vacancy rate in St. Lucie County exceeded that of the State's. In 2020, St. Lucie County reported a rental vacancy rate of 10.7%, compared to 8.2% in Florida. The rental vacancy rate is an important economic and neighborhood and built environment measure, as high rental vacancy rates may indicate that individuals do not want to reside in a certain area, either due to environmental or economic factors.⁷⁰ The HET is implementing a Neighborhood and Built Environment community project to improve current living conditions throughout the county.

Figure 66: Rental Vacancy Rate, Percent of Rental Housing Units, St. Lucie County and Florida, 2016-2020



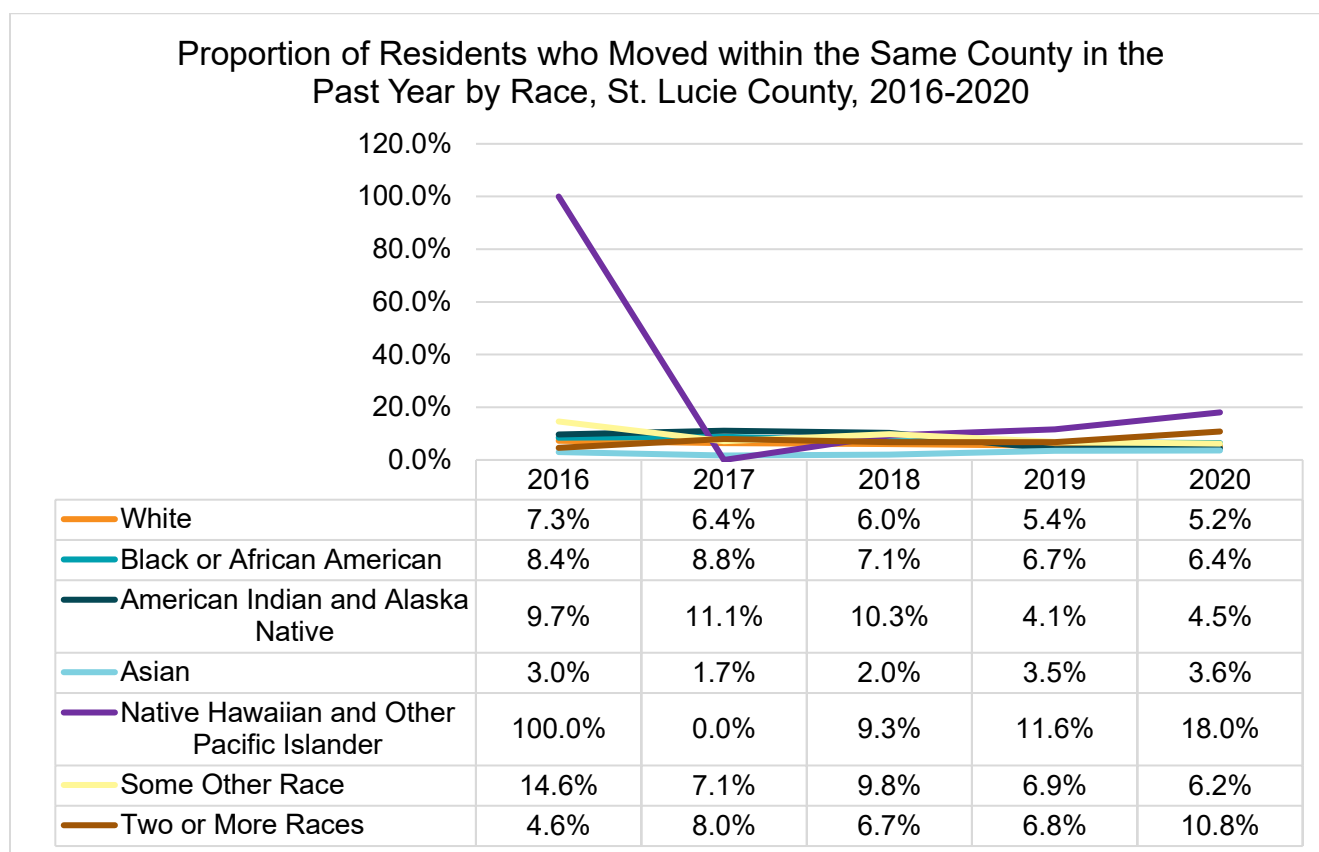
Source: US Census Bureau, American Community Survey, 2016-2020

⁷⁰ Newman, Galen et al. "Evaluating drivers of housing vacancy: a longitudinal analysis of large U.S. cities from 1960 to 2010." *Journal of housing and the built environment: HBE* vol. 34,3 (2019): 807-827. doi:10.1007/s10901-019-09684-w

Individuals 1 Year and Over That Lived in a Different House Within the Same County 1 Year Earlier

The figure below shows the proportion of residents who moved within the same county in the past year by **race** in St. Lucie County from 2016 to 2020. There was fluctuation in the proportion of residents who moved within the same county among the different races within St. Lucie County across the timeframe. In 2020, 18% of Native Hawaiian and other Pacific Islander residents moved within the same county, compared to just 3.6% of Asian residents. Individuals in unstable housing situations and may also experience food insecurity, which contributes to racial and ethnic health and obesity-related disparities.⁷¹ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 67: Proportion of Residents who Moved within the Same County in the Past Year by Race, St. Lucie County, 2016-2020

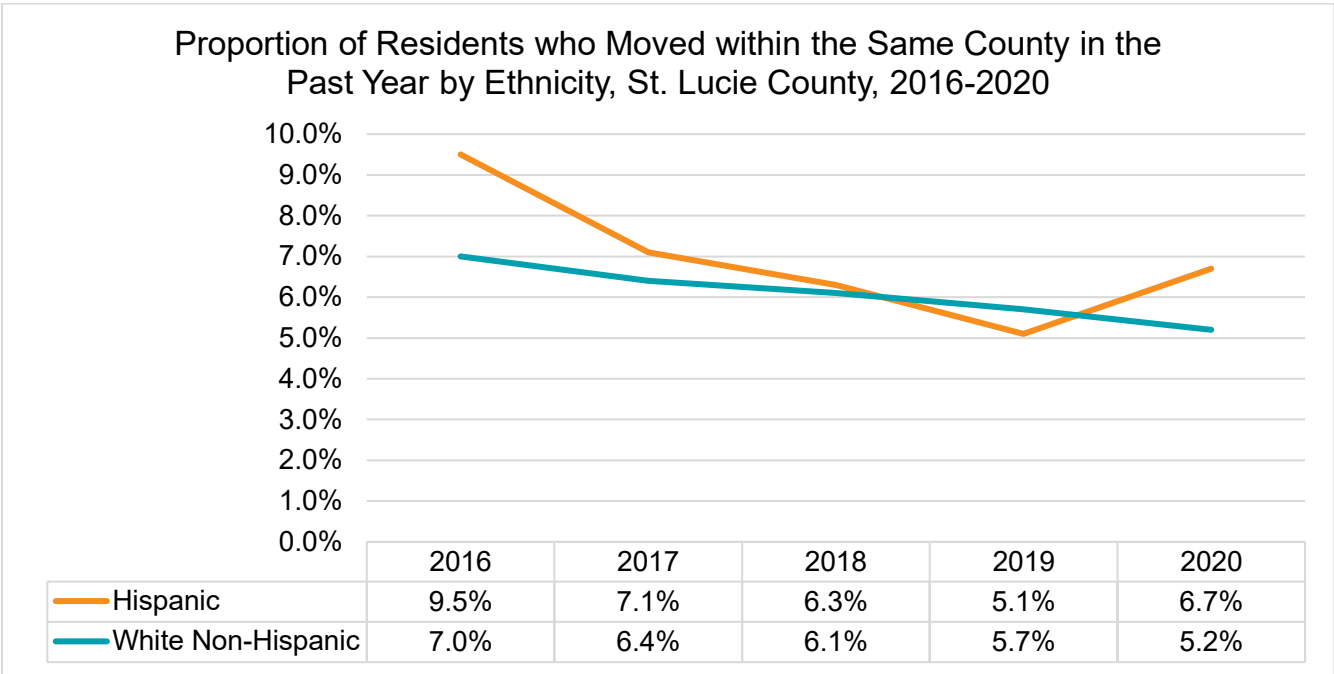


Source: US Census Bureau, American Community Survey, 2016-2020

⁷¹ Sandel, M, Sheward, R., et al. (2018). Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*. 141 (2): e20172199.

The figure below shows the proportion of residents who moved within the same county in the past year by **ethnicity** in St. Lucie County from 2016 to 2020. There was fluctuation in the proportion of residents who moved within the same county, but overall, there was a decrease for both Hispanic and White, non-Hispanic residents from 2016 to 2020. In 2016, 9.5% of Hispanic residents moved within the same county compared to 7.0% of White non-Hispanic residents. In 2020, these proportions decreased to 6.7% and 5.2%, respectively. As stated earlier, individuals in unstable housing situations and may also experience food insecurity, which contributes to racial and ethnic health and obesity-related disparities.⁷² The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 68: Proportion of Residents who Moved within the Same County in the Past Year by Ethnicity, St. Lucie County, 2016-2020

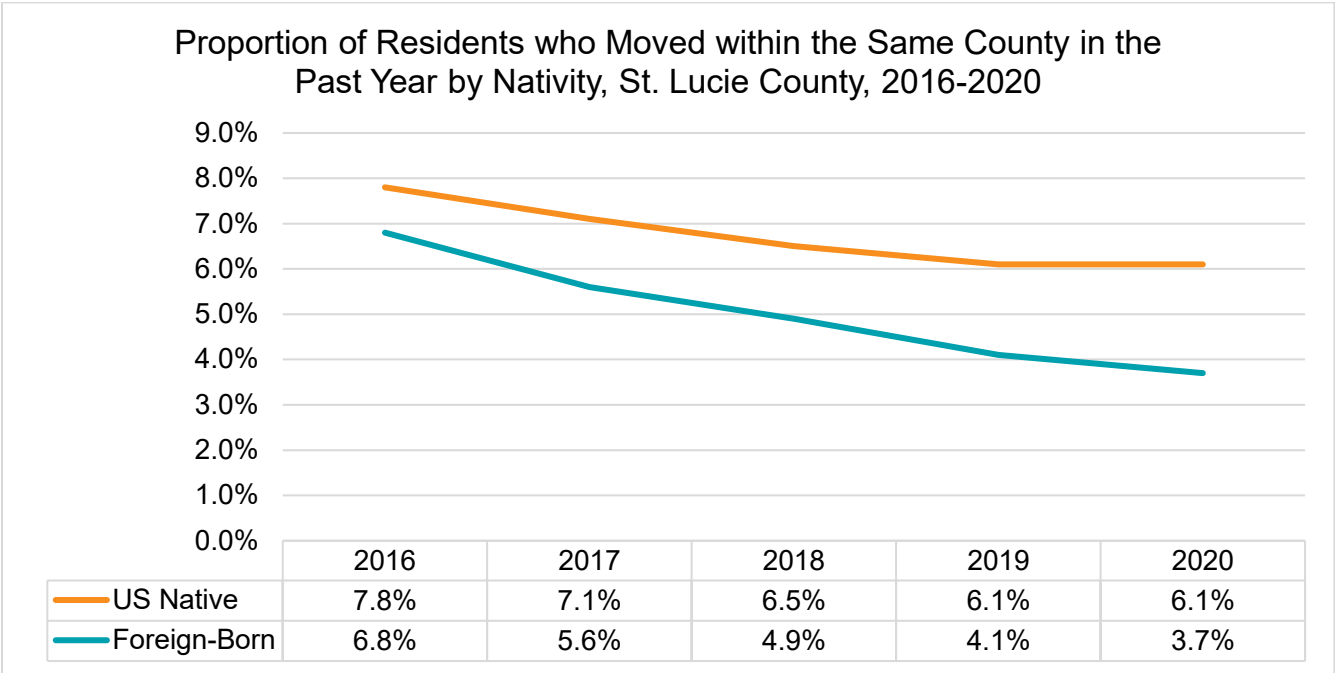


Source: US Census Bureau, American Community Survey, 2016-2020

⁷² Sandel, M, Sheward, R., et al. (2018). Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*. 141 (2): e20172199.

The figure below shows the proportion of residents who moved within the same county in the past year by **nativity** in St. Lucie County from 2016 to 2020. There was an overall decrease in the proportion of residents who moved within the same county among US native and foreign-born residents. In 2020, 6.1% of US native residents moved within the same county in the past year, compared to 3.7% of foreign-born residents. Individuals in unstable housing situations and may also experience food insecurity, which contributes to racial and ethnic health and obesity-related disparities.⁷³ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 69: Proportion of Residents who Moved within the Same County in the Past Year by Nativity, St. Lucie County, 2016-2020

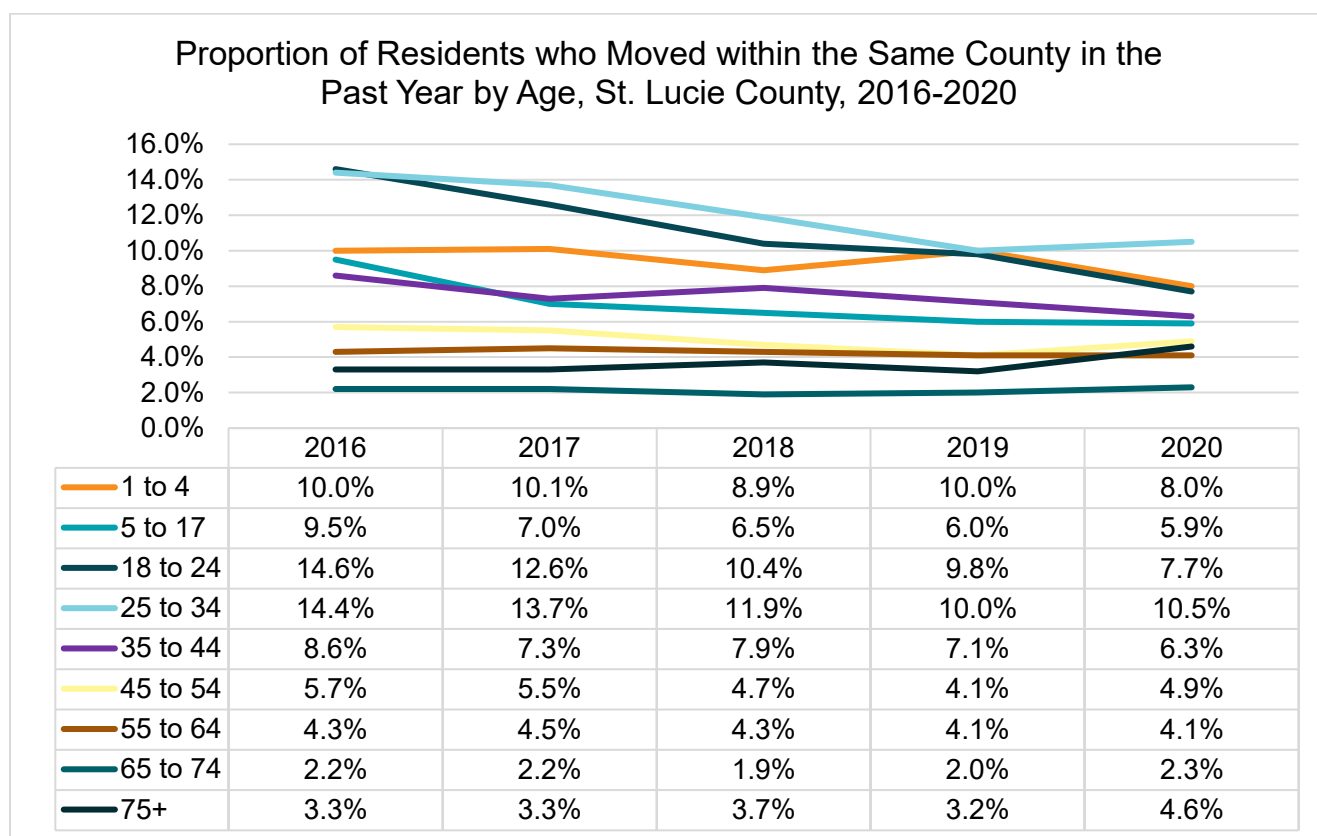


Source: US Census Bureau, American Community Survey, 2016-2020

⁷³ Sandel, M, Sheward, R., et al. (2018). Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*. 141 (2): e20172199.

The figure below shows the proportion of residents who moved within the same county in the past year by **age** in St. Lucie County from 2016 to 2020. In 2020, the highest proportion of residents who moved within the same county was among residents aged 25 to 34 years (10.5%), compared to residents aged 65 to 74 years who reported the lowest proportion (2.3%). Individuals in unstable housing situations and may also experience food insecurity, which contributes to racial and ethnic health and obesity-related disparities.⁷⁴ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 70: Proportion of Residents who Moved within the Same County in the Past Year by Age, St. Lucie County, 2016-2020



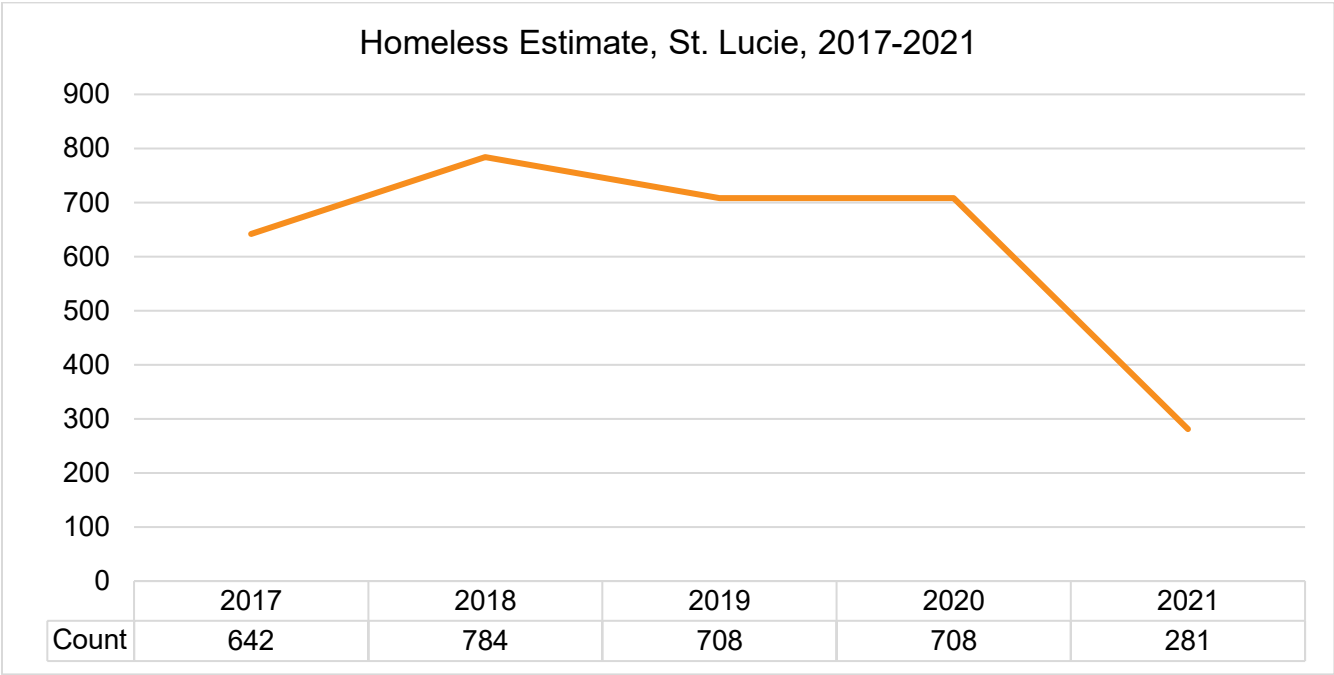
Source: US Census Bureau, American Community Survey, 2016-2020

⁷⁴ Sandel, M, Sheward, R., et al. (2018). Unstable Housing and Caregiver and Child Health in Renter Families. *Pediatrics*. 141 (2): e20172199.

Homelessness

The figure below shows the homeless estimate in St. Lucie County from 2017 to 2021. Overall, there has been a significant decrease, with 642 estimated homeless residents in 2017 compared to 281 in 2021. Recent research has shown that a considerable proportion of homeless individuals are overweight, while a minority are underweight.⁷⁵ The HET acknowledges affordable, stable housing as a critical SDOH that impacts obesity and is, thus, implementing a community project with a medium-term goal to increase housing stability and affordability.

Figure 71: Homeless Estimate, St. Lucie, 2017-2021



Source: Florida Department of Children and Families, Office of Homelessness, Council on Homelessness Annual Report, Point-in-Time Count of Homeless People, 2016-2020

⁷⁵ Koh, K.A., Hoy, J.S., et al. (2012) The Hunger–Obesity Paradox: Obesity in the Homeless. *Journal of Urban Health*. 89: 953-964.

Built Environment and Geography

The table below shows the built environment and geography in St. Lucie County in 2019. The built environment impacts dietary choices, physical activity opportunities, and potential exposure to pollutants.⁷⁶ In 2019, 16.01% of the population lived within a ½ mile of a healthy food source; however, 18.39% lived within a ½ mile of a fast-food restaurant. Unsurprisingly, access to healthy foods is associated with a lower risk for obesity, while the opposite is true when there is high access to unhealthy foods.⁷⁷ In addition, 34.29% of St. Lucie County residents lived within a ten-minute walk to a park. Families with increased access to parks are less likely to be obese due to the increased opportunity for engaging in outdoor physical activity.⁷⁸ Furthermore, 38.24% of residents lived within a ten-minute walk to an off-street trail system, which is a measurement of transportation access, an important social determinant of health. And, lastly, 7.74% lived within 500 feet of a busy roadway, which is an important measurement of potential exposure to air pollutants. The HET is implementing a Neighborhood and Built Environment community project to improve access to affordable, healthy foods, access to physical activity opportunities, walkability, and overall living conditions in the county.

Figure 72: Built Environment and Geography, St. Lucie County, 2019

Indicator	St. Lucie County Figure (2019)
Percent of the population living within 1/2 mile of a healthy food source	16.01%
Percent of population living within 500 feet of a busy roadway	7.74%
Percent of the population living within a 1/2 mile of a fast-food restaurant	18.39%
Percent of the population living within a ten-minute walk (1/2 mile) of a park	34.29%
Percent of the population living within a ten-minute walk (1/2 mile) of an off-street trail system	38.24%

Source: Florida Department of Health, Florida Environmental Public Health Tracking, 2019

⁷⁶ Frank, Lawrence D., et al. "Pathways from built environment to health: A conceptual framework linking behavior and exposure-based impacts." *Journal of Transport & Health* 12 (2019): 319-335.

⁷⁷ Hilmers, A., Hilmers, D.C. & Dave, J. (2012). Neighborhood disparities in access to healthy foods and their effect on environmental justice. *American Journal of Public Health*. 102: 1644-1654.

⁷⁸ Wolch, J., Jerrett, M., et al. (2011). Childhood obesity and proximity to urban parks and recreational resources: A longitudinal cohort study. *Health & Place*. 17(1): 207-214.

The figure below shows health food and recreation access by **census tract** in St. Lucie County in 2019. Research has shown that access to healthy, affordable foods is associated with improved health outcomes and reduced obesity, making proximity to healthy food sources and important indicator of health.⁷⁹ The census tracts with the highest proportion of residents within a ½ mile of a healthy food source were census tracts 3805 (79.35%), 3804 (71.16%), and 3806 (63.08%); on the contrary, the census tracts with the lowest proportions were census tracts 3811.02, 3812.04, 3817.01, 3817.02, and 3818.03, each with 0%.

Exposure to fast-food outlets and unhealthy foods has been shown to have adverse effects on both overall health outcomes and obesity.⁸⁰ The census tracts with the highest proportion of residents within a ½ mile of a fast-food restaurant were census tracts 3805 (79.35%), 3804 (71.16%), and 3806 (63.08%). The census tracts with the lowest proportion of the population living within a ½ mile of a fast-food restaurant were census tracts 3812.04, 3817.01, 3817.02, and 3818.03, each with 0%.

Walking to use public transportation has been shown to reduce obesity.⁸¹ The census tracts with the highest proportion of residents within a ½ mile of an off-street trail system were census tracts 3811.01 (95.38%), 3805 (82.99%), and 3801 (82.20%). On the other hand, the census tracts with the lowest proportion of the population living within a ½ mile of an off-street trail system were census tracts 3813 and 3812.04 with 0% of the population, followed by census tract 3818.03 (0.57%).

Lastly, research shows that residents with convenient access to parks and recreational resources are less likely to be overweight or obese.⁸² The census tracts with the largest proportion of the population living within a ½ mile of a park were census tracts 3805 (82.99%), 3801 (82.20%), and 3820.09 (71%). Similar to the findings related to the proportion of residents living within a ½ mile of an off-street trail system, the census tracts with the smallest proportion of residents living within a ½ mile of a park were census tracts 3813 and 3812.04 with 0% of the population, followed by census tract 3818.03 (0.57%).

The HET is implementing a Neighborhood and Built Environment community project to improve access to affordable, healthy foods, access to physical activity opportunities, walkability, and overall living conditions in the county.

⁷⁹ Hilmer, A., Hilmer, D.C. & Dave, J. (2012). Neighborhood disparities in access to healthy foods and their effect on environmental justice. *American Journal of Public Health*. 102: 1644-1654.

⁸⁰ Hilmer, A., Hilmer, D.C. & Dave, J. (2012). Neighborhood disparities in access to healthy foods and their effect on environmental justice. *American Journal of Public Health*. 102: 1644-1654.

⁸¹ Edwards, R.D. (2008). Public transit, obesity, and medical costs: Assessing the magnitudes. *Preventive Medicine*. 46(1): 14-21.

⁸² Wolch, J., Jerrett, M., et al. (2011). Childhood obesity and proximity to urban parks and recreational resources: A longitudinal cohort study. *Health & Place*. 17(1): 207-214.

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Figure 73: Healthy Food and Recreation Access, St. Lucie County, 2019

Healthy Food and Recreation Access, St. Lucie County, 2019				
Census Tract	Percent of the population living within 1/2 mile of a healthy food source	Percent of the population living within a 1/2 mile of a fast-food restaurant	Percent of the population living within a ten-minute walk (1/2 mile) of an off-street trail system	Percent of the population living within a ten-minute walk (1/2 mile) of a park
St. Lucie County	16.01%	18.39%	38.24%	34.29%
3801	49.91%	49.91%	82.20%	82.20%
3802	43.63%	43.63%	67.39%	67.39%
3803	39.91%	39.91%	60.36%	60.36%
3804	71.16%	71.16%	63.92%	63.92%
3805	79.35%	79.35%	82.99%	82.99%
3806	63.08%	63.08%	55.97%	55.97%
3807	28.47%	28.47%	13.04%	13.04%
3808	0.31%	0.31%	6%	6%
3809.01	33.03%	33.03%	40.73%	40.73%
3809.02	4.65%	4.65%	4.79%	4.79%
3810	2.43%	2.43%	2.76%	2.76%
3811.01	12.64%	18.27%	95.38%	43.89%
3811.02	0%	0.63%	55.48%	23.48%
3812.04	0%	0%	0%	0%
3813	9.63%	9.63%	0%	0%
3814.01	16.43%	16.43%	14.12%	14.12%
3814.02	3.41%	3.41%	8.30%	8.30%
3815.02	17.40%	22.07%	33.59%	51.96%
3815.03	3.55%	25.01%	3.69%	54.31%
3816.01	5.22%	6.13%	35.65%	31.81%
3816.02	17.20%	17.20%	25.62%	25.62%
3816.03	7.83%	7.83%	3.88%	3.88%
3817.01	0%	0%	1.31%	1.31%
3817.02	0%	0%	0.72%	0.72%
3818.02	9.60%	9.60%	67.72%	67.72%
3818.03	0%	0%	0.57%	0.57%
3818.04	12.36%	12.36%	15.23%	15.23%
3819	16.50%	16.50%	25.29%	25.29%
3820.02	0.21%	0.66%	55.42%	60.41%
3820.03	8.10%	13.48%	78.45%	70.86%
3820.06	13.35%	19.71%	62.26%	30.25%
3820.07	21.40%	21.40%	33.64%	33.64%
3820.08	41.58%	41.58%	3.14%	3.14%

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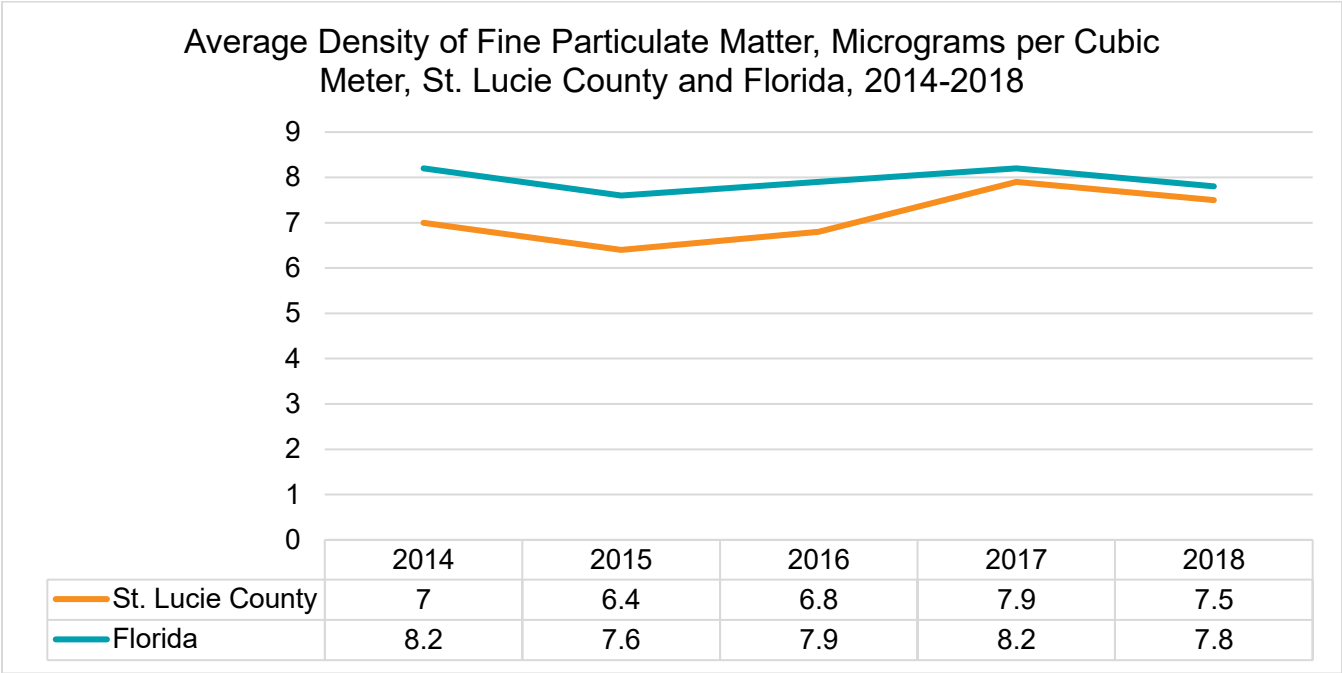
Healthy Food and Recreation Access, St. Lucie County, 2019				
Census Tract	Percent of the population living within 1/2 mile of a healthy food source	Percent of the population living within a 1/2 mile of a fast-food restaurant	Percent of the population living within a ten-minute walk (1/2 mile) of an off-street trail system	Percent of the population living within a ten-minute walk (1/2 mile) of a park
3820.09	15.68%	15.68%	71%	71%
3820.1	50.61%	50.61%	36.62%	36.62%
3821.06	13.86%	15.84%	33.45%	10.12%
3821.08	18.57%	16.96%	12.25%	24.52%
3821.09	4.46%	7.96%	32.61%	3.40%
3821.1	29.79%	29.79%	43.23%	43.23%
3821.11	6.56%	1.96%	29.29%	54.89%
3821.12	0.96%	0.96%	3.07%	3.07%
3821.13	21.78%	23.60%	13.97%	18.46%
3822	0.27%	0.34%	5.09%	2.41%

Source: Florida Department of Health, Florida Environmental Public Health Tracking, 2019

Air Pollution

The figure below shows the average density of fine particulate matter, micrograms per cubic meter, in St. Lucie County and Florida from 2014 to 2018. Each year, the average density of fine particulate matter in Florida exceeded that of St. Lucie County. In 2018, the average density of fine particulate matter in Florida was 7.8, compared to 7.5 in St. Lucie County. Air pollution can impact obesity due to metabolic dysfunction, risk for chronic disease, and reduced time spent outdoors engaging in physical activity.⁸³ The HET is implementing a Neighborhood and Built Environment community project to improve overall living conditions in the county.

Figure 74: Average Density of Fine Particulate Matter, Micrograms per Cubic Meter, St. Lucie County and Florida, 2014-2018



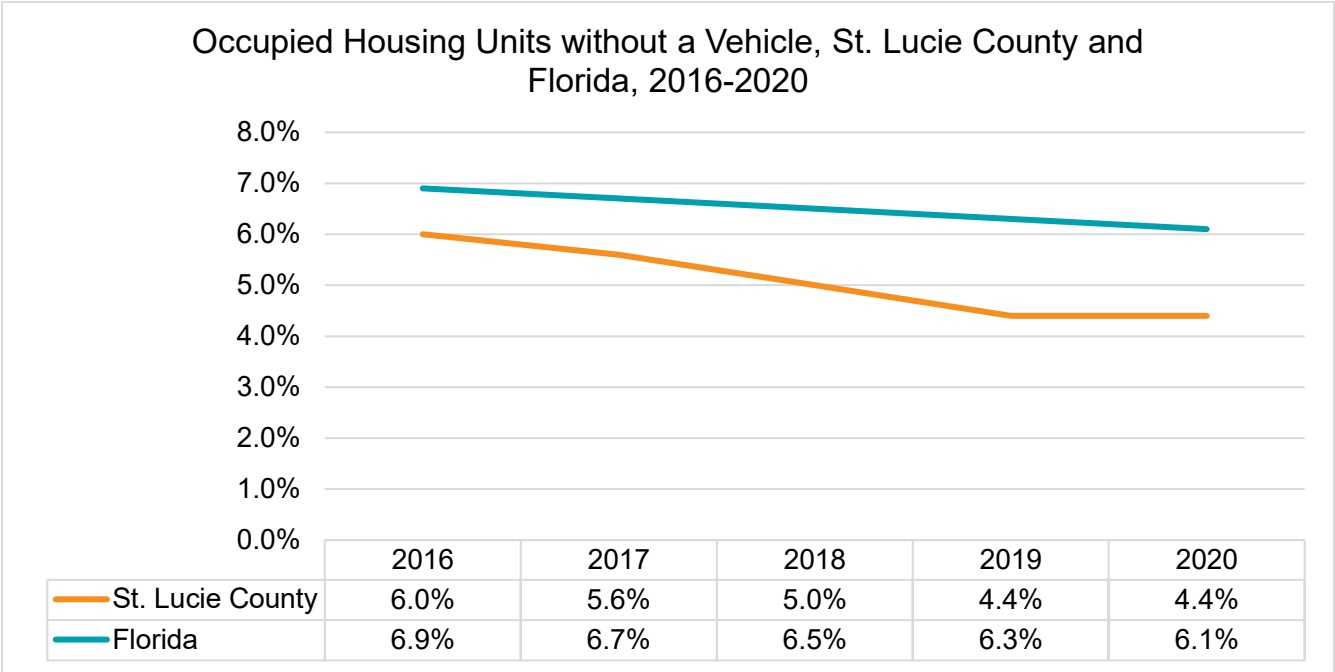
Source: Florida Department of Health, Florida Environmental Public Health Tracking, 2014-2018

⁸³ An, R., Ji, M, Yan, H. & Guan, C. (2018). Impact of ambient air pollution on obesity: A systematic review. *International Journal of Obesity*. 42: 1112-1126.

Occupied Housing Units Without a Vehicle

The figure below shows the proportion of occupied housing units without a vehicle in St. Lucie County and Florida from 2016 to 2020. Each year, the proportion of occupied housing units without a vehicle in Florida exceeded the proportion in St. Lucie County. In 2016, 6.0% of occupied housing units were without a vehicle in St. Lucie County compared to 6.9% in Florida. In 2020, the proportion of occupied housing units without a vehicle in Florida was 6.1%, compared to 4.4% in St. Lucie County. Having reliable transportation is associated with increased job opportunities, economic stability, and shorter commutes.⁸⁴ Having adequate means of transportation also provides residents the increased ability to access health care services and healthy food sources, which directly impact obesity. The HET is considering future community projects to improve transportation access in St. Lucie County.

Figure 75: Occupied Housing Units without a Vehicle, St. Lucie County and Florida, 2016-2020



Source: US Census Bureau, American Community Survey, 2016-2020

⁸⁴ Klein NJ. Subsidizing Car Ownership for Low-Income Individuals and Households. *Journal of Planning Education and Research*. September 2020. doi:[10.1177/0739456X20950428](https://doi.org/10.1177/0739456X20950428)

The table below shows the proportion of occupied housing units with no vehicles available by **census tract** in St. Lucie County in 2020. The county had a lower proportion of housing units with no vehicles than the State (4.4% and 6.1%, respectively). Within the county, the census tract with the highest proportion of occupied housing units with no vehicles available was census tract 3802 (30.5%). Having reliable transportation is associated with increased job opportunities, economic stability, shorter commutes, access to health care, and access to healthy food, which directly impacts obesity.⁸⁵ The HET is considering future community projects to improve transportation access in St. Lucie County.

Figure 76: Occupied Housing Units with No Vehicles Available by Census Tract, St. Lucie County, 2020

Occupied Housing Units with No Vehicles Available by Census Tract, St. Lucie County, 2020	
Area/Census Tract	Housing Units with no vehicles available
State	6.1%
County	4.4%
3801	25.8%
3802	30.5%
3803	13.6%
3804	4.5%
3805	10.7%
3806	5.5%
3807	7.5%
3808	4.5%
3809.01	25.8%
3809.02	6.7%
3810	5.0%
3811.03	8.7%
3811.04	6.5%
3811.05	4.3%
3811.06	0.0%
3811.07	6.2%
3812.04	1.4%
3813	5.8%
3814.01	5.9%
3814.02	15.5%
3815.04	7.1%
3815.05	2.6%
3815.06	0.0%
3815.07	2.7%
3815.08	0.0%
3816.03	5.5%
3816.04	1.3%
3816.05	4.9%

⁸⁵ Klein NJ. Subsidizing Car Ownership for Low-Income Individuals and Households. *Journal of Planning Education and Research*. September 2020. doi:10.1177/0739456X20950428

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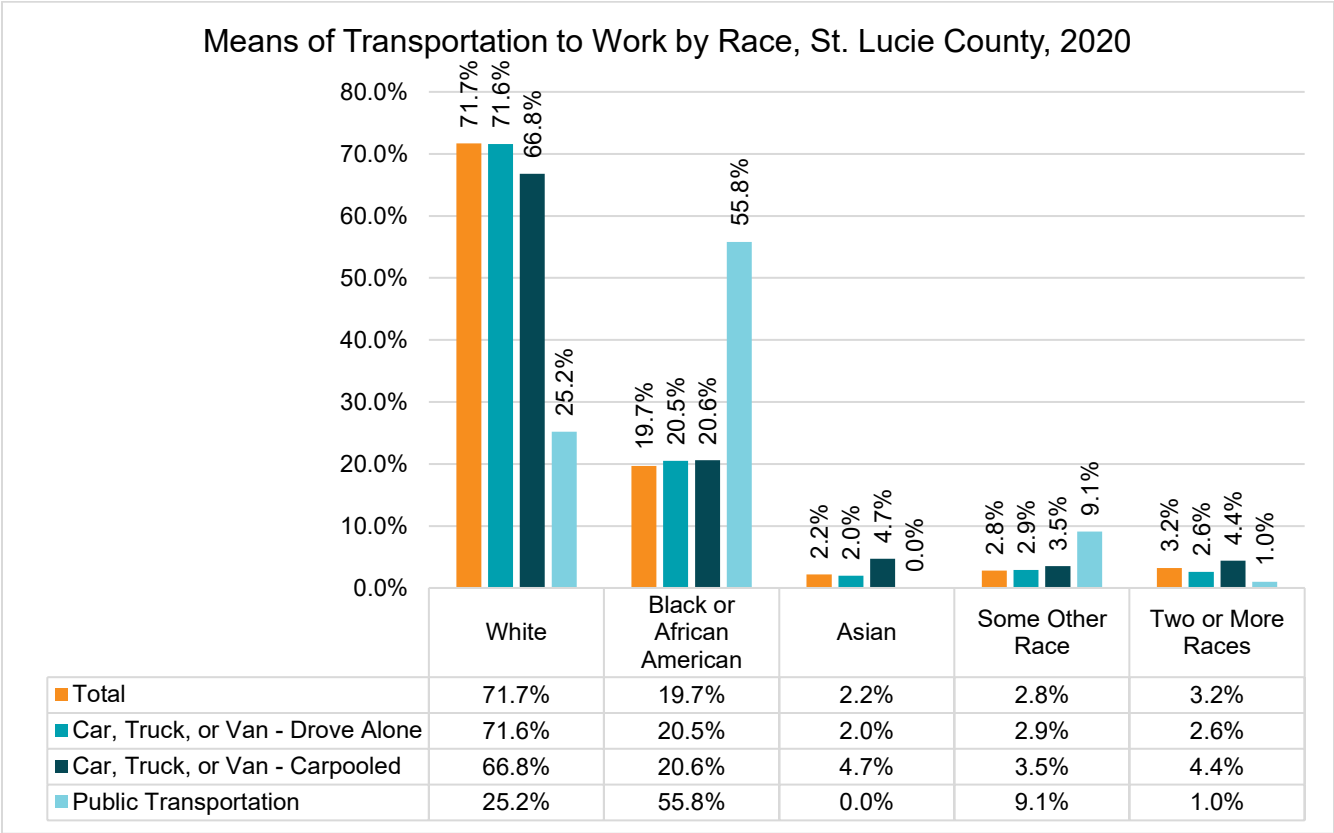
Occupied Housing Units with No Vehicles Available by Census Tract, St. Lucie County, 2020	
Area/Census Tract	Housing Units with no vehicles available
3817.01	2.3%
3817.02	3.0%
3818.02	9.5%
3818.03	2.2%
3818.04	8.8%
3819	0.4%
3820.07	0.6%
3820.08	2.0%
3820.09	2.9%
3820.1	7.8%
3820.11	3.9%
3820.12	3.2%
3820.13	0.0%
3820.14	2.2%
3820.15	0.0%
3820.16	0.6%
3821.1	2.6%
3821.12	2.1%
3821.14	1.4%
3821.15	2.1%
3821.16	11.7%
3821.17	0.0%
3821.18	0.5%
3821.19	0.0%
3821.2	0.0%
3821.21	0.0%
3821.22	5.0%
3821.23	0.0%
3821.24	0.0%
3821.25	0.0%
3821.26	2.1%
3821.27	1.9%
3821.28	0.7%
3821.29	2.4%
3816.02	10.2%
3821.3	0.0%
3822.01	1.4%
3822.02	0.0%
9800	-
9900	-

Source: US Census Bureau, American Community Survey, 2020

Transportation

Transportation is an essential social determinant of health, as those without adequate means of transportation face physical barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources, which directly impact obesity. The figure below shows the means of transportation to work by **race** in St. Lucie County in 2020. It is important to note that data for American Indian and Alaska Native residents and Native Hawaiian and other Pacific Islander residents was not available at the county level. Among White residents, a higher proportion drove alone; among Black or African American residents, a significantly higher proportion took public transportation; and among Asian residents, a higher proportion carpooled. The HET is considering future community projects to improve transportation access in St. Lucie County.

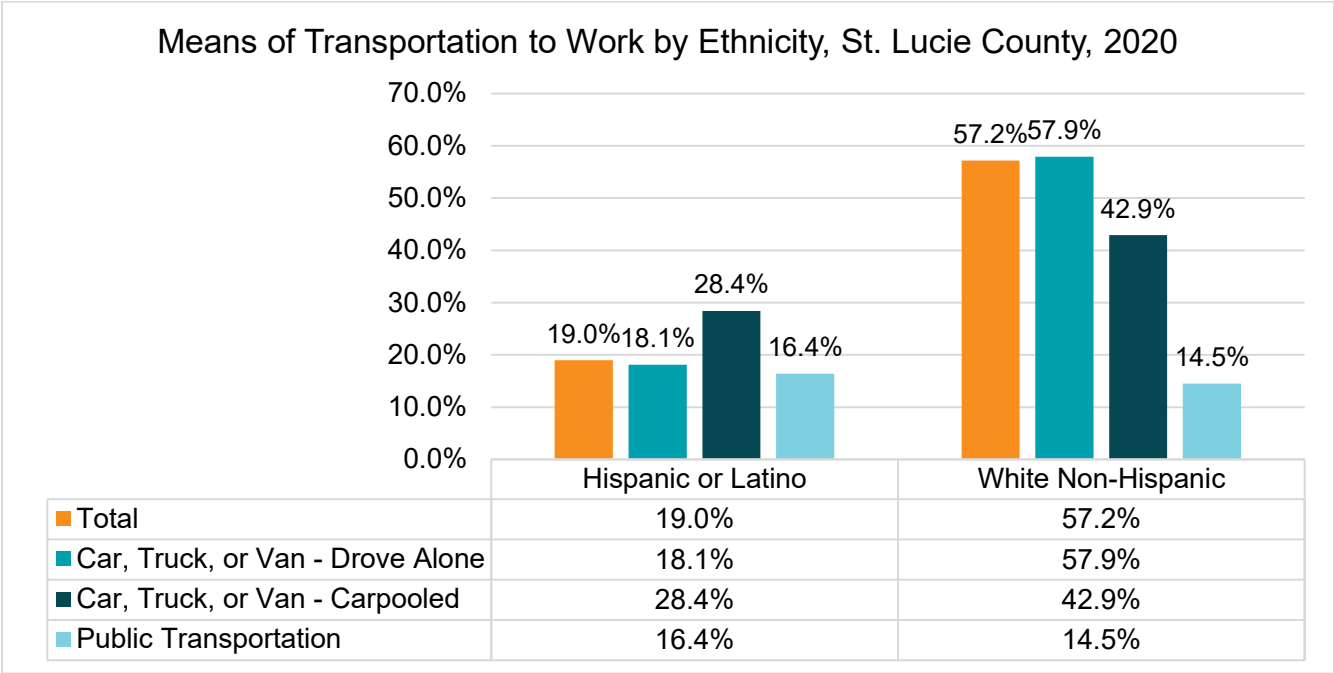
Figure 77: Means of Transportation to Work by Race, St. Lucie County, 2020



Source: US Census Bureau, American Community Survey, 2020

The figure below shows the means of transportation to work by ethnicity in St. Lucie County in 2020. Among Hispanic or Latino residents, a higher proportion carpooled, and, among White non-Hispanic residents, a higher proportion drove alone. As stated earlier, transportation is considered an essential social determinant of health, as those without adequate means of transportation face physical barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources, which directly impact obesity. The HET is considering future community projects to improve transportation access in St. Lucie County.

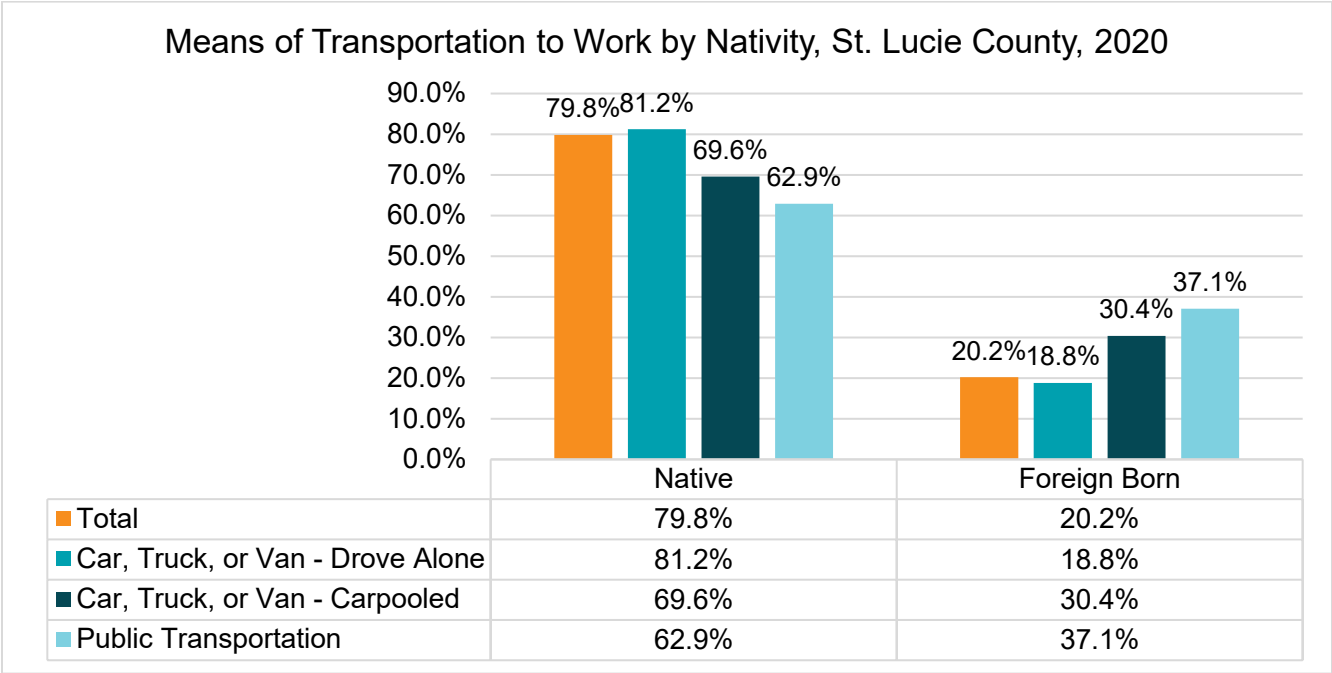
Figure 78: Means of Transportation to Work by Ethnicity, St. Lucie County, 2020



Source: US Census Bureau, American Community Survey, 2020

The figure below shows the means of transportation to work by **nativity** in St. Lucie County in 2020. Among US native residents, a higher proportion drove alone, whereas among foreign-born residents, a higher proportion took public transportation. Transportation is an essential social determinant of health, as those without adequate means of transportation face physical barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources, which directly impact obesity. The HET is considering future community projects to improve transportation access in St. Lucie County.

Figure 79: Means of Transportation to Work by Nativity, St. Lucie County, 2020



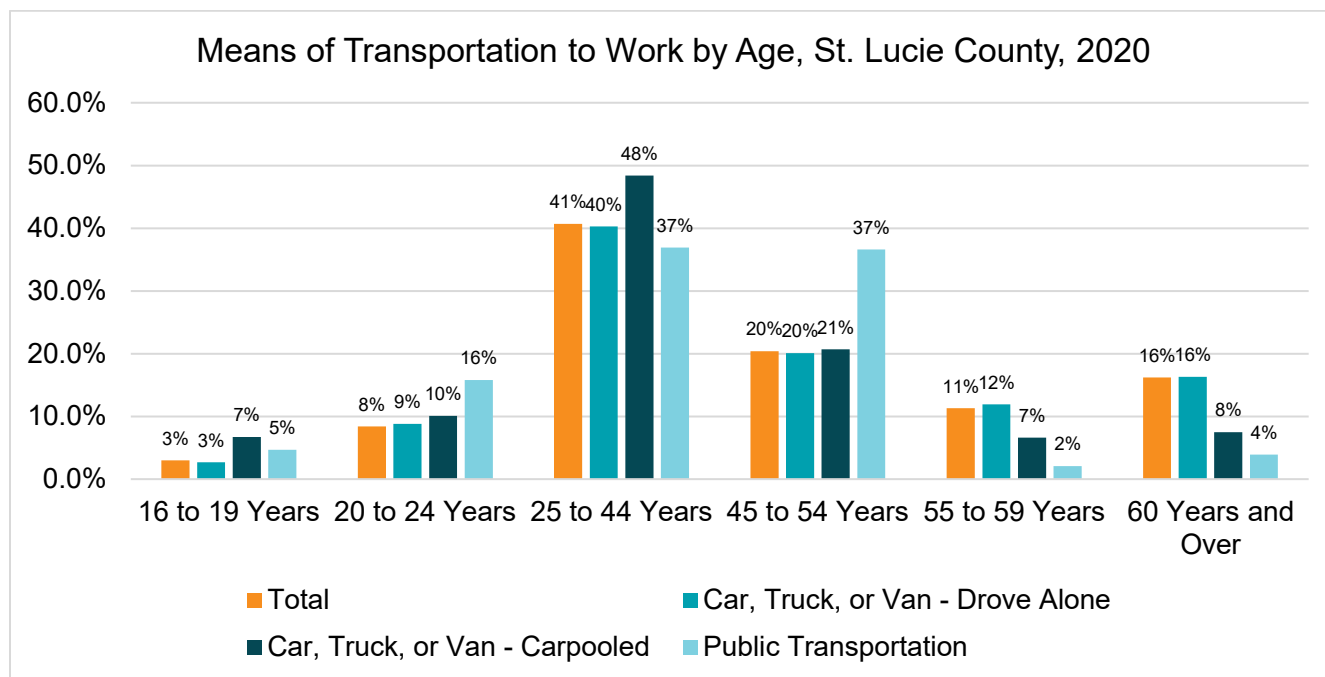
Source: US Census Bureau, American Community Survey, 2020

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The figure below shows the means of transportation to work by **age** in St. Lucie County in 2020. Among residents aged 16 to 19 years and 25 to 44 years, a higher proportion carpooled; among residents aged 20 to 24 years and 45 to 54 years, a higher proportion took public transportation; and lastly, among residents aged 55 to 59 and 60 years and over, a higher proportion drove alone. As previously indicated, transportation is considered an essential social determinant of health, as those without adequate means of transportation face physical barriers to accessing essential health care services, employment opportunities, and healthy foods, among other services and resources, which directly impact obesity. The HET is considering future community projects to improve transportation access in St. Lucie County.

Figure 80: Means of Transportation to Work by Age, St. Lucie County, 2020

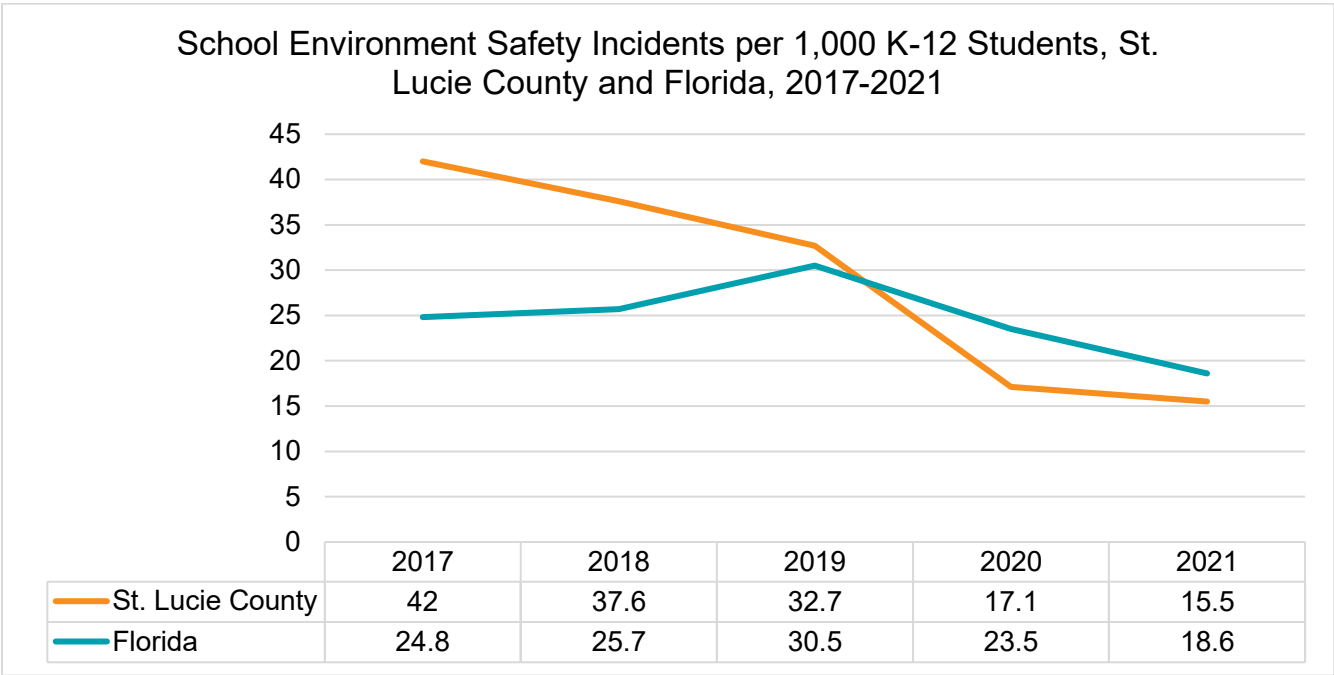


Source: US Census Bureau, American Community Survey, 2020

Safety

The figure below shows the proportion of school safety incidents per 1,000 K-12 students in **St. Lucie County** and **Florida** from 2017 to 2021. Although there was some fluctuation for both St. Lucie County and Florida, the proportions generally decreased from 2017 to 2021. In 2021, the proportion of school safety incidents decreased to 15.5 per 1,000 K-12 students in St. Lucie County, compared to 18.6 per 1,000 K-12 students in Florida. Recent research has shown an association between the exposure to unsafe neighborhoods and violence in early childhood and increased risk for obesity.⁸⁶ The HET is implementing a Neighborhood and Built Environment community project to improve living conditions in the county.

Figure 81: School Environment Safety Incidents per 1,000 K-12 Students, St. Lucie County and Florida, 2017-2021

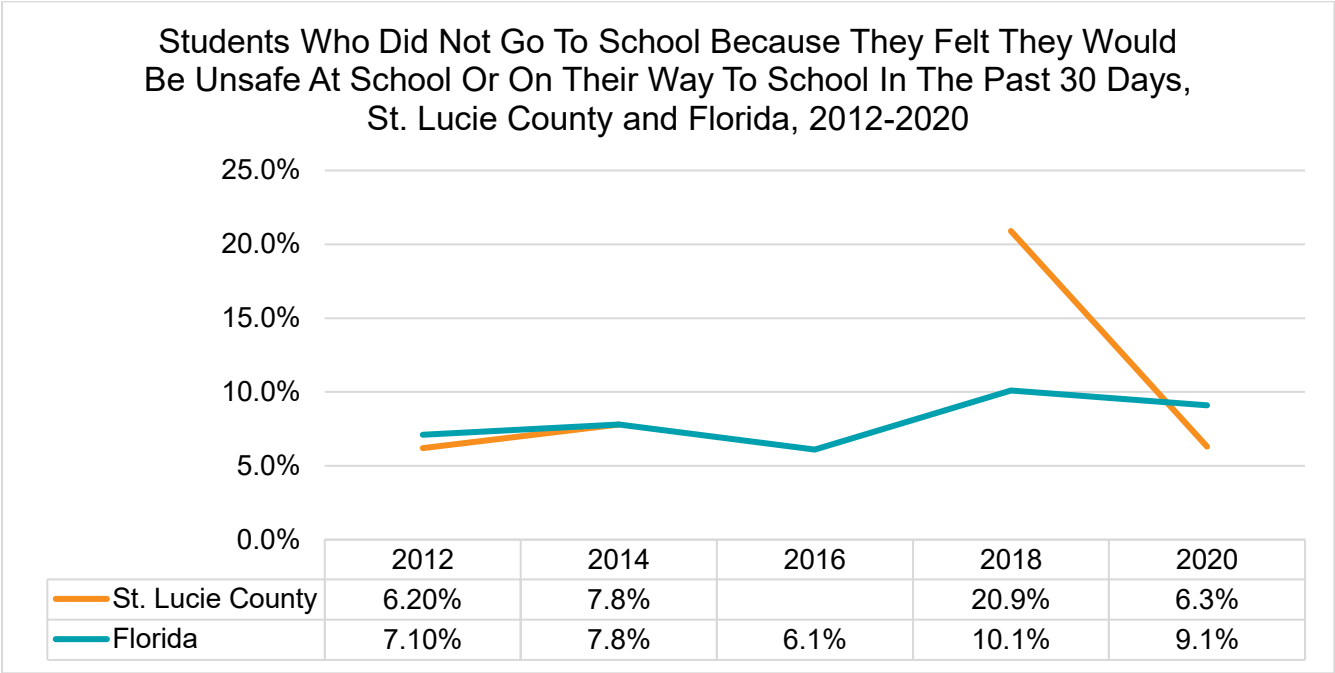


Source: FLHealthCHARTS, Florida Department of Education, 2017-2021

⁸⁶ Boynton-Jarrett, R., Fargnoli, J, et al. (2010). Association Between Maternal Intimate Partner Violence and Incident Obesity in Preschool-Aged Children. *Arch Pediatr Adolesc Med.* 2010;164(6):540-546. doi:10.1001/archpediatrics.2010.94

The figure below shows the proportion of students who did not go to school because they felt they would be unsafe at school or on their way to school in the past 30 days in **St. Lucie County** and **Florida** from 2012 to 2020. Notably, data was not available for St. Lucie County in 2016. Most recently in 2020, the proportion was 6.3% in St. Lucie County compared to 9.1% in Florida. In St. Lucie County, there was a significant increase from 7.8% in 2014 to 20.9% in 2018. Recent research has shown an association between the exposure to unsafe neighborhoods and violence in early childhood and increased risk for obesity.⁸⁷ The HET is implementing a Neighborhood and Built Environment community project to improve living conditions in the county.

Figure 82: Students Who Did Not Go to School Because They Felt They Would Be Unsafe at School or On Their Way to School in The Past 30 Days, St. Lucie County and Florida, 2012-2020

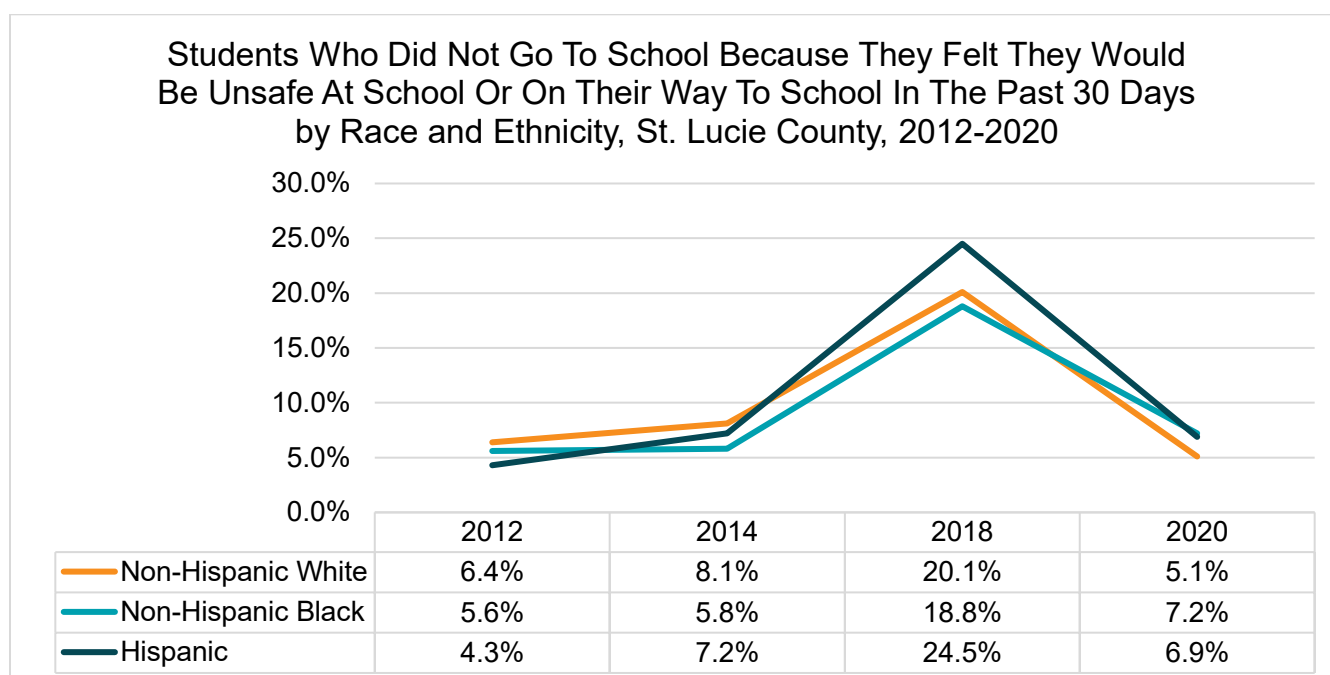


Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2012-2020

⁸⁷ Boynton-Jarrett, R., Fargnoli, J, et al. (2010). Association Between Maternal Intimate Partner Violence and Incident Obesity in Preschool-Aged Children. *Arch Pediatr Adolesc Med.* 2010;164(6):540-546. doi:10.1001/archpediatrics.2010.94

The figure below shows the proportion of students who did not go to school because they felt they would be unsafe at school or on their way to school in the past 30 days by **race and ethnicity** in St. Lucie County from 2012 to 2020. It is important to note that data was not available for 2016. Most recently in 2020, 7.2% of Black non-Hispanic students did not go to school due to safety concerns, compared to 6.9% of Hispanic students and 5.1% of White non-Hispanic students. As stated earlier, recent research has shown an association between the exposure to unsafe neighborhoods and violence in early childhood and increased risk for obesity.⁸⁸ The HET is implementing a Neighborhood and Built Environment community project to improve living conditions in the county.

Figure 83: Students Who Did Not Go to School Because They Felt They Would Be Unsafe at School or On Their Way to School in the Past 30 Days by Race and Ethnicity, St. Lucie County, 2012-2020

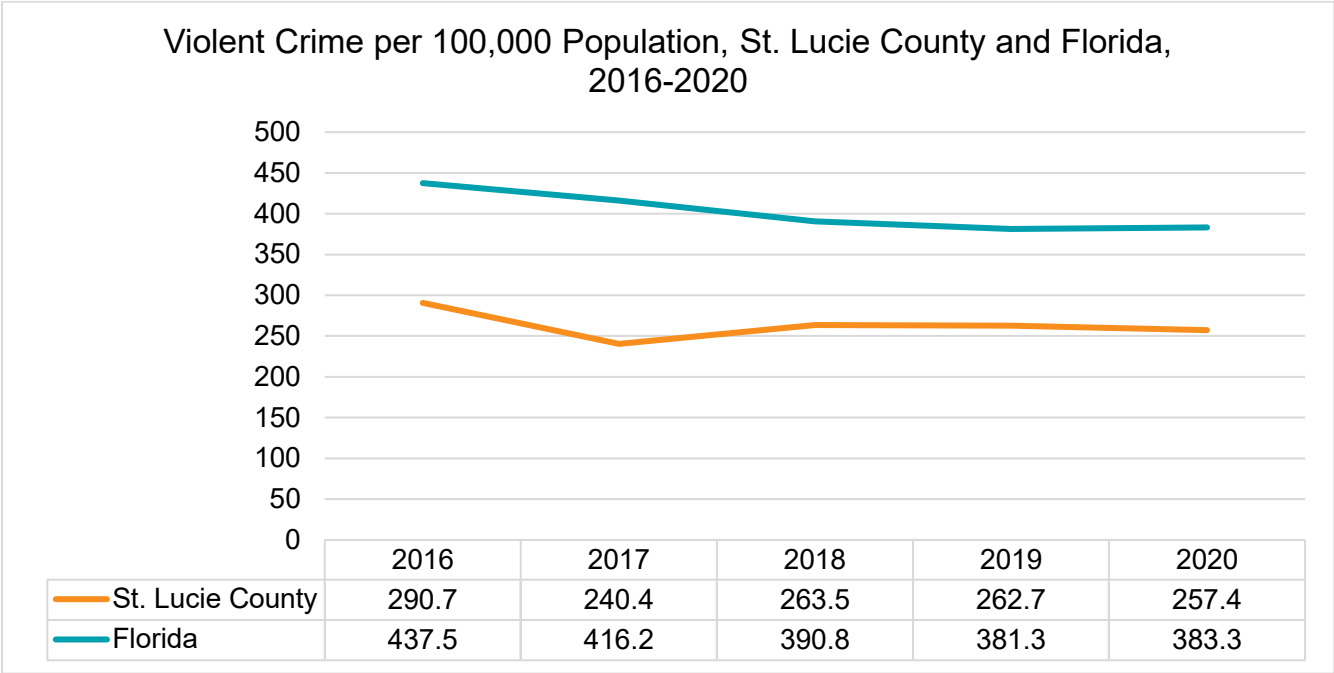


Source: Florida Department of Health, Division of Community Health Promotion, Florida Youth Tobacco Survey (FYTS), 2012-2020

⁸⁸ Boynton-Jarrett, R., Fagnoli, J, et al. (2010). Association Between Maternal Intimate Partner Violence and Incident Obesity in Preschool-Aged Children. *Arch Pediatr Adolesc Med.* 2010;164(6):540-546. doi:10.1001/archpediatrics.2010.94

The figure below shows the rate of violent crime per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2020. Each year, the rate of violent crime in Florida exceeded the rate of violent crime in St. Lucie County. In 2020, the rate of violent crime in St. Lucie County was 257.4 per 100,000 population compared to 383.3 per 100,000 population in Florida. As stated earlier, recent research has shown an association between the exposure to unsafe neighborhoods and violence in early childhood and increased risk for obesity.⁸⁹ The HET is implementing a Neighborhood and Built Environment community project to improve living conditions in the county.

Figure 84: Violent Crime per 100,000 Population, St. Lucie County and Florida, 2016-2020



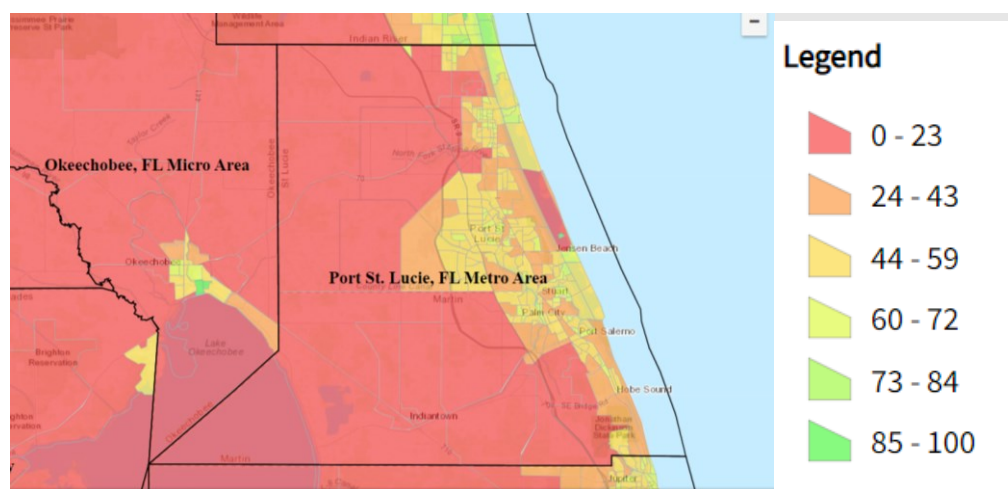
Source: FLHealthCHARTS, Florida Department of Law Enforcement, 2016-2020

⁸⁹ Boynton-Jarrett, R., Fagnoli, J, et al. (2010). Association Between Maternal Intimate Partner Violence and Incident Obesity in Preschool-Aged Children. *Arch Pediatr Adolesc Med.* 2010;164(6):540-546. doi:10.1001/archpediatrics.2010.94

Workplace Location Efficiency

Workplace location has a huge impact on a person's commute, which directly impacts quality of life. Worksites that are in areas with high walkability and public transit options increase convenience for workers, reduce environmental pollution, decrease costs associated with travel, and minimize infrastructure burdens. The Environmental Protection Agency's (EPA) Smart Location Calculator is a tool used to examine how workplace location affects worker commute travel. Indicators that are measured include worker commute mode-share, vehicle miles traveled, and workplace accessibility via transit. The Calculator provides a Smart Location Index (SLI), which ranges in value from 0-100, where 0 indicates the least location efficient site in the region, and 100 indicates the most location efficient site. These scores are relative to the region and should not be compared across regions. Location efficiency is an important way to measure healthy built environments.⁹⁰ While most of western St. Lucie County had a SLI score in the 0-23 (lowest) range, it is important to note that most of the eastern part of the county, including the area surrounding Port St. Lucie, received higher scores, indicating that these areas were more location efficient compared to other areas in the region. The HET is implementing a Neighborhood and Built Environment community project to improve walkability and living conditions in the county.

Figure 85: Smart Location Index Map, St. Lucie County



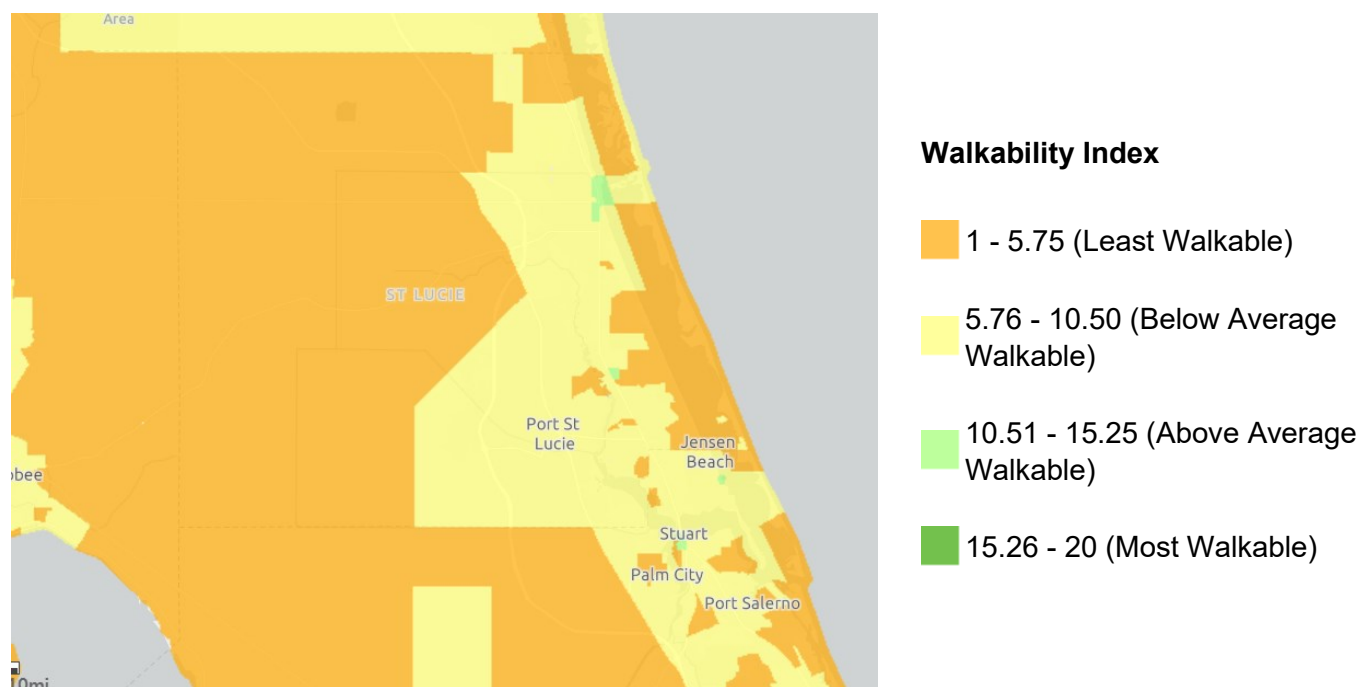
Source: United States Environmental Protection Agency, Smart Location Calculator

⁹⁰ Smart Location Mapping (n.d.). In United States Environmental Protection Agency. Retrieved from <https://www.epa.gov/smartgrowth/smart-location-mapping>

Walkability

Residents who live in highly walkable areas experience lower rates of obesity because of increased opportunities to engage in outdoor physical activity.⁹¹ The map below depicts the Walkability Index in St. Lucie County. Most of the county is shaded orange (least walkable) and yellow (below average walkability). These findings indicate that much of St. Lucie County is less walkable. The HET is implementing a Neighborhood and Built Environment community project to improve walkability and living conditions in the county.

Figure 86: Walkability Index Map, St. Lucie County



Source: United States Environmental Protection Agency, National Walkability Index

⁹¹ Melillo, G. (2022). Walkability and redlining: How built environments impact health and perpetuate disparities. *AJMC*. Retrieved from: <https://www.ajmc.com/view/walkability-redlining-how-built-environments-impact-health-and-perpetuate-disparities>

The impact of neighborhood and built environment on obesity

Neighborhood and Built Environment		
SDOH	Priority Populations Impacted	How the SDOH Impacts Obesity
Housing	Hispanic residents; Residents under the age of 35; Black or African American residents; American Indian and Alaska Native residents; Asian residents; Native Hawaiian and Pacific Islander residents	Housing and housing characteristics are shown to impact obesity. Research has shown that a higher proportion of homeless individuals are overweight, while homeownership is associated with lower risk overweight status and obesity. Residents who experience unstable housing and move frequently may also experience poor health outcomes and childhood food insecurity, further contributing to health disparities and obesity-related disparities. Housing characteristics, such as indoor environment and kitchen access, also has an impact on resident's health and obesity status. Overall, severe housing problems are associated with poorer health outcomes, including obesity.
Transportation	Hispanic residents; residents of color	Having access to reliable transportation can decrease barriers related to accessing essential health care services, employment opportunities, healthy foods, and other beneficial services and resources. Research has shown that improvements in walkability and transit options improve health outcomes and reduce obesity.
Safety	Black residents; Hispanic residents	Exposure to violence and unsafe neighborhoods in early childhood is associated with poorer health outcomes, including risk for obesity. Students are shown to have better educational outcomes when they feel safe in school. While childhood obesity is correlated with obesity later in life, these factors are important to consider in eliminating inequities in neighborhoods and the built environment.
Parks	Census tracts 3813, 3812.04, and 3813.03	Safe and accessible parks and green spaces provide increased opportunities for physical activity in neighborhoods. Research has shown that individuals with access to parks and recreational resources are less likely to be overweight or obese.
Workplace Location Efficiency	Most of the county, especially in the western portion, scored low in workplace location efficiency	Workplaces in areas with high walkability and public transit options allow residents to partake in active commuting such as walking, instead of depending on personal vehicles. These increased commute options can reduce pollution levels, costs associated with travel, and infrastructure burdens, creating a healthier environment for residents and reducing obesity.
Walkability	Most of the county was scored as having low walkability	Areas with high walkability offer residents increased opportunities to participate in physical activity, leading to

Neighborhood and Built Environment		
		lower rates of obesity and overweight status for these residents.
Air Pollution	7.74% of the county population lives within 500 feet of a busy roadway	Poor air quality leads to metabolic dysfunction, the onset of chronic disease, and limited time outdoors and physical activity, which all impact obesity.
Access to nutritional food	Census tracts 3811.02, 3812.04, 3817.01, 3817.02, 3818.03, 3805, 3804, and 3806	Increased exposure to fast-food outlets and unhealthy foods is associated with poorer health outcomes and increased obesity. It is important to note that the inverse is also true – convenient access to healthy and affordable foods is associated with improved health outcomes and reduced obesity among residents.

D. Social and Community Context



Social and community context data for St. Lucie County

Social and community context includes factors such as social integration, support systems, discrimination, incarceration, and more. Positive relationships and strong sense of social cohesion can help reduce the negative impacts of unsafe neighborhoods, discrimination, and financial strain, making this an important Social Determinant of Health to consider when working towards achieving health equity.⁹² Social connections, such as our family networks, friends and coworkers, may influence the health behaviors that residents engage in, including diet, activity levels, hobbies, and more.⁹³ These social connections can also play a role in promoting mental health, providing support systems for residents. Research has also shown that older adults report a decreased risk of dementia and other conditions when they have strong social connections.⁹⁴ Additionally, community context factors, such as discrimination, safety, and incarceration, can shape residents' perception of health and ability to access quality and timely healthcare. Research has shown that historically marginalized groups experience a poorer standard of care, stemming from a combination of ignorance, fear, and prejudice.⁹⁵ As these deep-seeded issues impact health overall, it is important to understand the influence of these factors on obesity, such as the ability to afford fresh and healthy food, or the ability to access safe and clean places to exercise.

The following data explores social and community context factors in St. Lucie County. It is important to note that disaggregated data was not available for all populations, such as American Indian and Alaska Natives, Asians, Native Hawaiians, Hispanic and Latino residents, elders, infants and toddlers, people living with disabilities, veterans, people identifying as LGBTQ+, and immigrants. Research shows that these populations experience health inequities at higher rates. However, data was unavailable for these populations in many instances.

⁹² Healthy People 2030. (2022). Social and community context. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/social-and-community-context>

⁹³ Michalski, A. (2020) "Relationship between sense of community belonging and self-rated health across life stages." SSM - population health vol. 12 100676. 12 Oct. 2020, doi:10.1016/j.ssmph.2020.100676

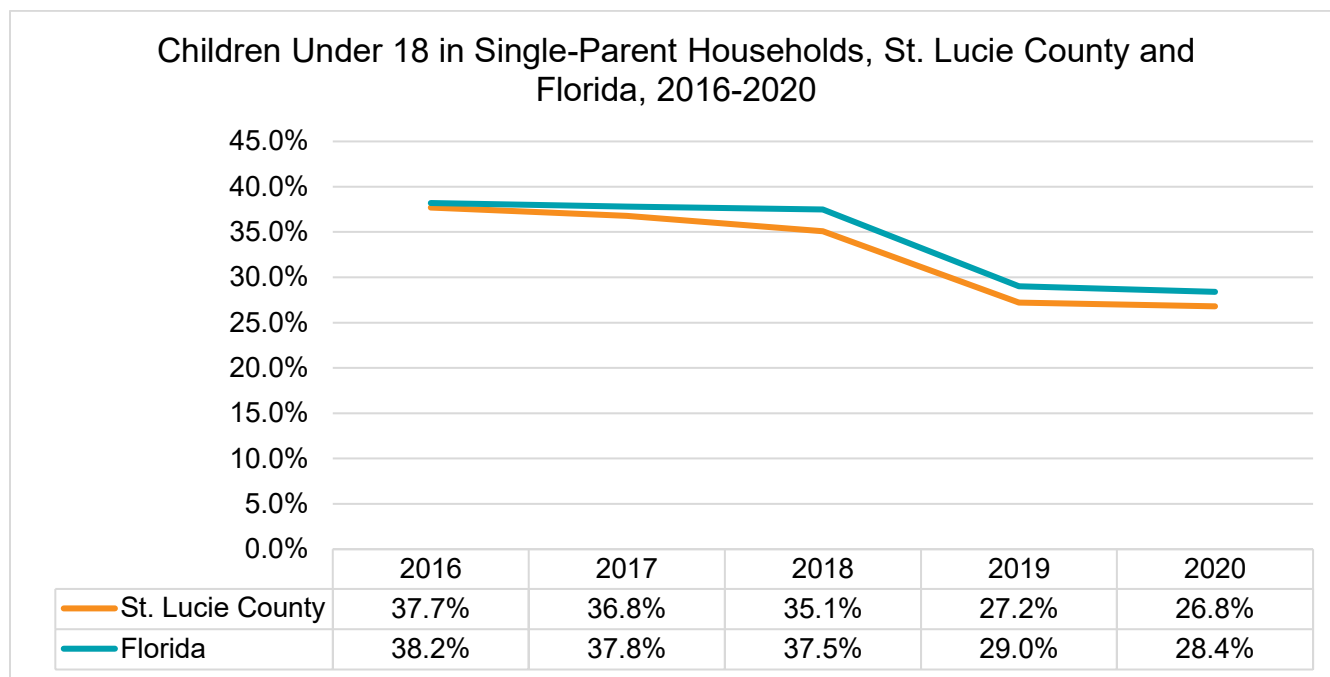
⁹⁴ Pillai, Jagan A, and Joe Verghese (2009). "Social networks and their role in preventing dementia." Indian journal of psychiatry vol. 51 Suppl 1: S22-8.

⁹⁵ Smith R. (1999). Medicine and the marginalised. They deserve the best, not the poorest, care. BMJ (Clinical research ed.), 319(7225), 1589–1590. <https://doi.org/10.1136/bmj.319.7225.1589>

Children under 18 in a single-parent household

The figure below shows the proportion of children under 18 in single-parent households in **St. Lucie County** and **Florida** from 2016 to 2020. There was an overall decrease in the proportion of children under 18 in single-parent households in both St. Lucie County and Florida from 2016 to 2020. Each year, the proportion of children under 18 in single-parent households in Florida exceeded the proportion in St. Lucie County. In 2020, the proportion of children under 18 in single-parent households in St. Lucie County was 26.8% compared to 28.4% in Florida. Children who live in single-parent households are at higher risk for obesity due to reduced homemade meals, less family mealtime, and less engagement in physical activity.⁹⁶ The HET is considering future community projects aimed at improving the social and community context in the county, including increased support for families through alignment with the Upward Mobility Plan.

Figure 87: Children Under 18 in Single-Parent Households, St. Lucie County and Florida, 2016-2020



Source: US Census Bureau, American Community Survey, 2016-2020

⁹⁶ Duriancik, D.M. & Goff, C.R. (2019). Children of single-parent households are at a higher risk of obesity: A systematic review. *Journal of Child Health Care*. <https://doi.org/10.1177/1367493519852463>

Internet Connectivity

The figure below shows **internet connectivity and access** in the state of Florida, St. Lucie County, and in the St. Lucie County census tracts in 2020. A vast majority of the census tracts in St. Lucie County reported over 75% of households with one or more types of computing devices and broadband internet access. Census tracts 3809.01 (69.0%), 3809.02 (72.0%), 3803 (72.3%), and 3801 (72.5%) reported the lowest proportion of households with one or more types of computing devices. Additionally, census tracts 3803 (52.2%), 3809.01 (61.1%), 3802 (62.6%), 3801 (63.3%), 3809.02 (67.0%), 3814.02 (71.6%), and 3811.04 (72.9%) reported the lowest proportion of households with access to broadband internet. Recent research has shown that broadband access increases accessibility to information, resources, and telehealth services. Despite the increased accessibility, broadband access can negatively or positively impact health behaviors, as more screen time is correlated with less time spent engaging in physical activity.⁹⁷

Figure 88: Internet Connectivity by Census Tract, St. Lucie County, 2020

Internet Connectivity by Census Tract, St. Lucie County, 2020		
Area/ Census Tract	Households with one or more types of computing devices	Households with access to broadband internet
State	93.1%	85.4%
County	93.3%	87.8%
3801	72.5%	63.3%
3802	79.8%	62.6%
3803	72.3%	52.2%
3804	93.5%	91.8%
3805	92.3%	87.0%
3806	89.5%	82.8%
3807	89.6%	84.4%
3808	91.5%	87.7%
3809.01	69.0%	61.1%
3809.02	72.0%	67.0%
3810	89.6%	84.5%
3811.03	84.3%	83.8%
3811.04	89.9%	72.9%
3811.05	92.9%	92.9%
3811.06	95.5%	94.2%
3811.07	90.3%	84.7%
3812.04	93.9%	89.0%
3813	95.6%	90.8%
3814.01	90.1%	78.3%

⁹⁷ DiNardi, M., Guldi, M., & Simon, D. (2018). Body weight and Internet access: evidence from the rollout of broadband providers. *Journal of Population Economics*. 32: 877-913.

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Internet Connectivity by Census Tract, St. Lucie County, 2020		
Area/ Census Tract	Households with one or more types of computing devices	Households with access to broadband internet
3814.02	90.5%	71.6%
3815.04	88.1%	82.6%
3815.05	95.7%	89.9%
3815.06	96.1%	90.2%
3815.07	100.0%	97.8%
3815.08	97.2%	93.5%
3816.03	83.9%	75.5%
3816.04	97.6%	92.6%
3816.05	90.9%	84.7%
3817.01	92.9%	83.1%
3817.02	87.7%	78.9%
3818.02	92.8%	85.1%
3818.03	96.3%	94.2%
3818.04	97.9%	93.7%
3819	99.4%	95.8%
3820.07	96.5%	85.8%
3820.08	90.4%	86.1%
3820.09	92.7%	89.4%
3820.10	91.9%	85.0%
3820.11	95.1%	95.1%
3820.12	96.1%	91.8%
3820.13	100.0%	97.4%
3820.14	93.8%	94.0%
3820.15	100.0%	75.7%
3820.16	99.0%	99.4%
3821.10	97.9%	94.9%
3821.12	99.6%	97.2%
3821.14	98.8%	96.5%
3821.15	89.7%	83.4%
3821.16	100.0%	100.0%
3821.17	95.1%	98.3%
3821.18	100.0%	100.0%
3821.19	100.0%	100.0%
3821.20	85.5%	79.8%
3821.21	100.0%	99.0%
3821.22	90.8%	75.7%

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Internet Connectivity by Census Tract, St. Lucie County, 2020		
Area/ Census Tract	Households with one or more types of computing devices	Households with access to broadband internet
3821.23	100.0%	100.0%
3821.24	95.0%	95.0%
3821.25	100.0%	84.4%
3821.26	99.3%	94.9%
3821.27	98.4%	89.5%
3821.28	98.3%	94.3%
3821.29	97.2%	98.5%
3816.02	86.2%	76.8%
3821.30	100.0%	100.0%
3822.01	91.8%	87.3%
3822.02	97.4%	95.4%
9800	-	-
9900	-	-

Source: US Census Bureau, American Community Survey, 2020

Social Associations

The table below shows the number and rate of social associations in St. Lucie County in 2019. Social associations provide a space and opportunity for social relationships to form and grow, which positively impacts both physical and mental health outcomes due to increased social support.⁹⁸ In 2019, St. Lucie County had 5.0 social associations per 100,000 population. The HET is considering future community projects aimed at improving the social and community context in the county, including increasing social support and opportunities for social engagement.

Figure 89: Social Associations, Rate Per 10,000 Population, St. Lucie County, 2019

Social Associations, Rate Per 10,000 Population, St. Lucie County, 2019			
County	Number of Associations	County Rate	Z-Score
St. Lucie County	165	5.0 per 100,000 population	1.21

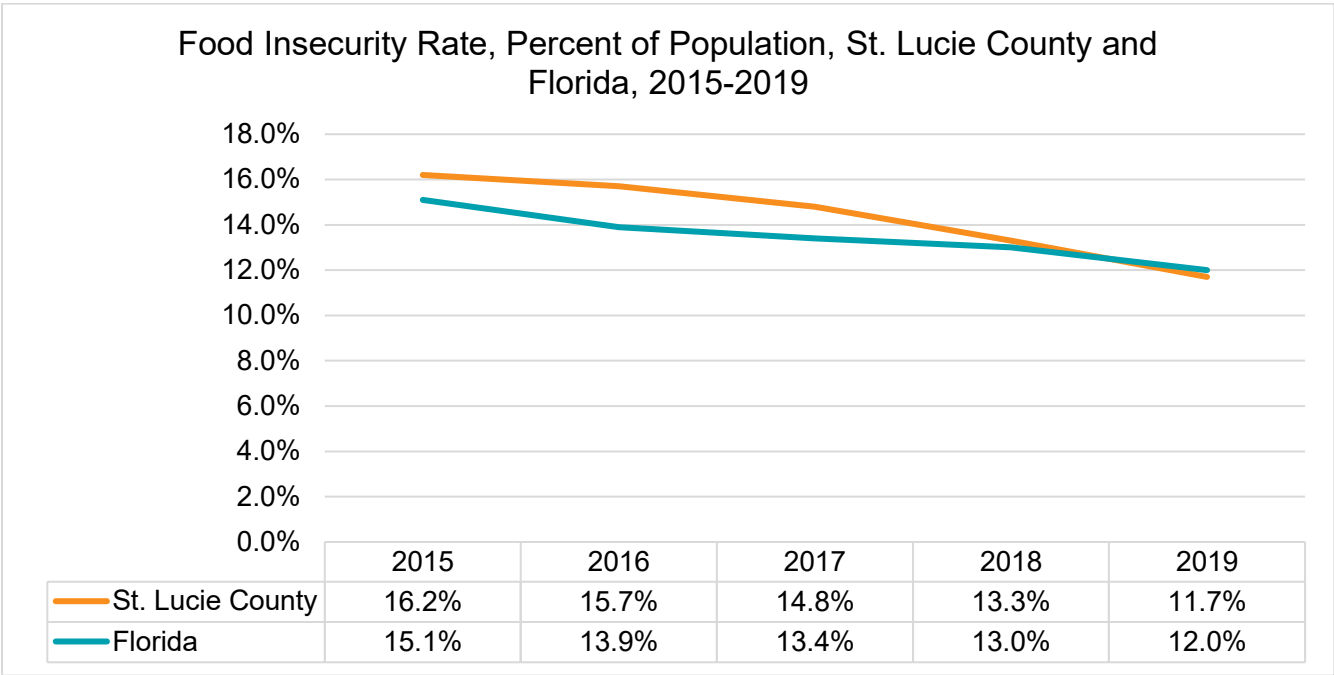
Source: US Census Bureau, American Community Survey, 2019

⁹⁸ Umberson, Debra, and Jennifer Karas Montez. "Social relationships and health: a flashpoint for health policy." *Journal of health and social behavior* vol. 51 Suppl,Suppl (2010): S54-66. doi:10.1177/0022146510383501

Food Insecurity

The figure below shows the proportion of the population who experience food insecurity in St. Lucie County and Florida from 2015 to 2019. During this time, food insecurity declined in both the county and the state. In 2020, 11.7% of St. Lucie County residents were food insecure, compared to 12% of residents in Florida. Individuals who experience food insecurity are more likely to experience adverse health outcomes, including obesity, due to social disruption, poor dietary intake, and less physical activity.⁹⁹ The HET is implementing a Neighborhood and Built Environment community project which aims to improving living conditions and reduce food insecurity through increased access to healthy food sources.

Figure 90: Food Insecurity Rate, Percent of Population, St. Lucie County and Florida, 2015-2019

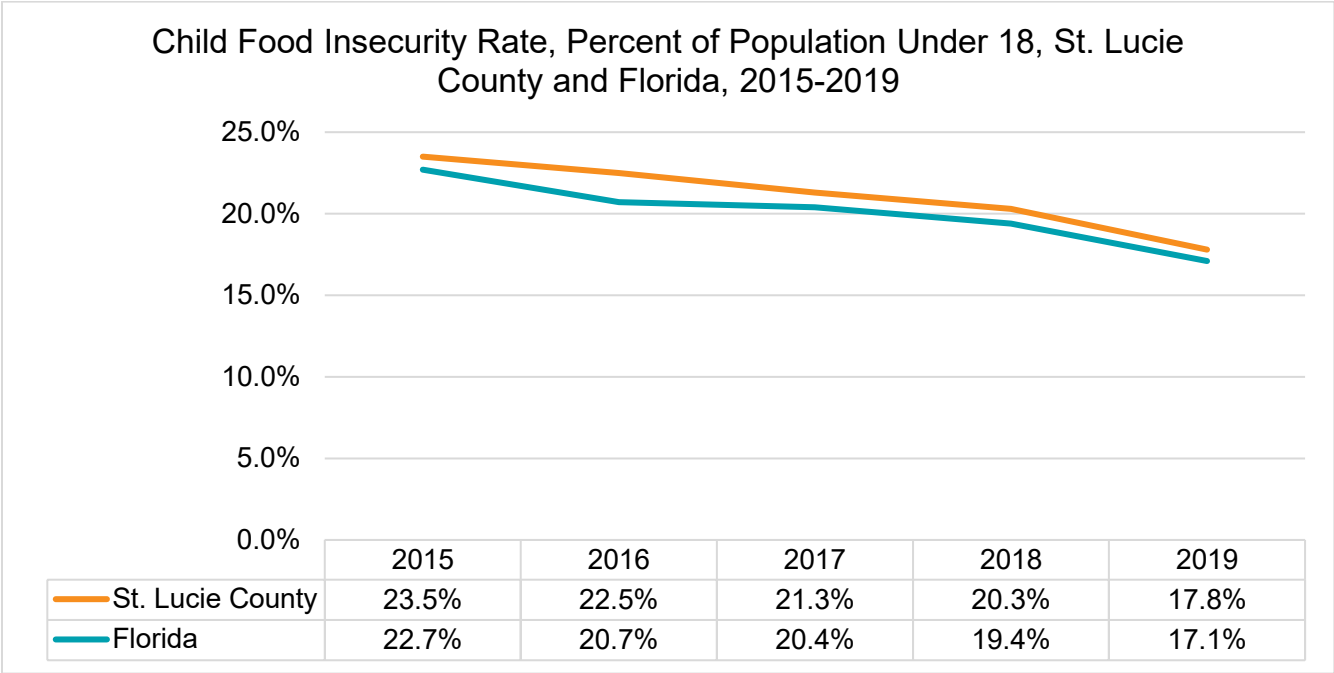


Source: Feeding America, Map the Meal Gap, 2020

⁹⁹ Frongillo, E.A. & Bernal, J. (2014). Understanding the coexistence of food insecurity and obesity. *Current Pediatrics Report*. 2: 284-290.

The figure below shows the proportion of children who experience food insecurity in **St. Lucie County** and **Florida** from 2015 to 2019. Each year, the child food insecurity rate in St. Lucie County exceeded that of the State's. In 2019, the child food insecurity rate in St. Lucie County was 17.8% compared to 17.1% in Florida. Children who are food insecure, but do not experience hunger, are much more likely to be obese than children who are not food insecure.¹⁰⁰ The HET is implementing a Neighborhood and Built Environment community project which aims to improving living conditions and reduce food insecurity through increased access to healthy food sources.

Figure 91: Child Food Insecurity Rate, Percent of Population Under 18, St. Lucie County and Florida, 2015-2019

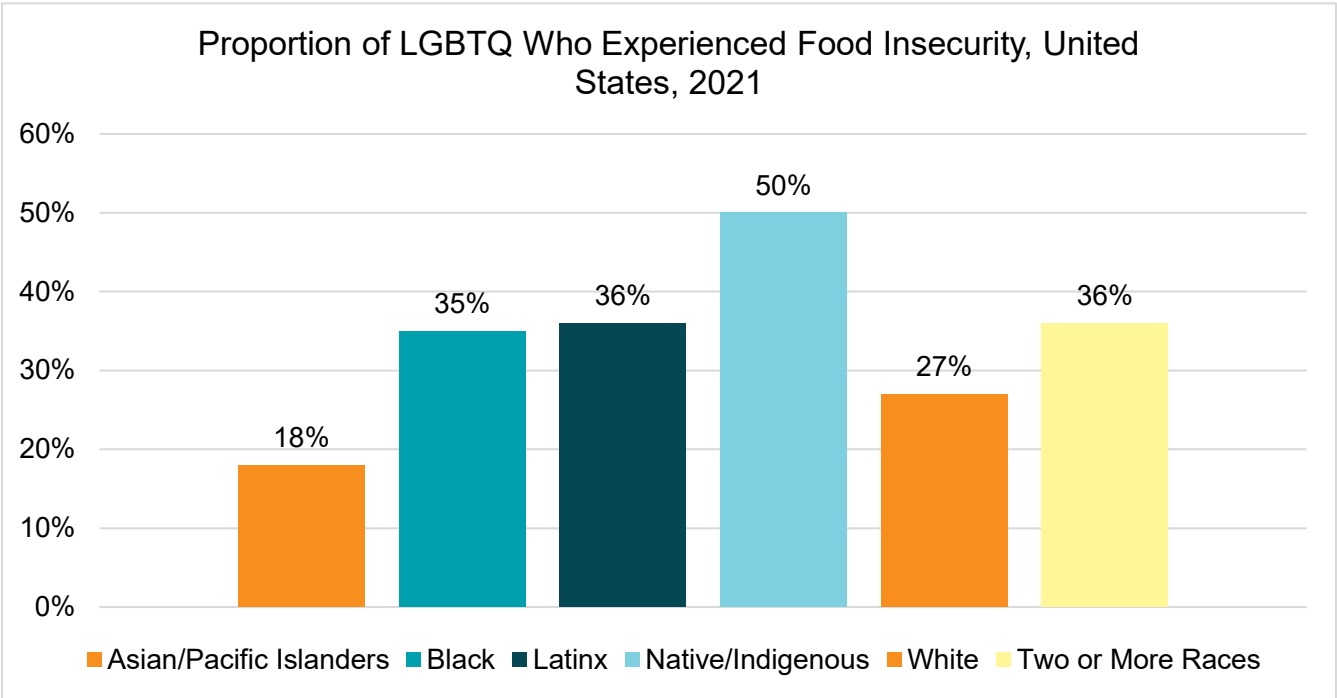


Source: Feeding America, Map the Meal Gap, 2020

¹⁰⁰ Metallinos-Kastaras, E., Must, A., Gorman, K. (2012). A longitudinal study of food insecurity on obesity in preschool children. *Journal of the Academy of Nutrition and Dietetics*. 112(12): 1949-1958.

Unfortunately, there is no county or state-level food insecurity data specific to LGBTQ+ residents. However, the Trevor Project 2021 National Survey on LGBTQ Youth Mental Health found that, nationally, 30% of **LGBTQ youth** experienced food insecurity in the past month, including 50% of all Native/Indigenous LGBTQ youth. According to the survey, 27% of LGBTQ youth reported worrying that food at home would run out before they or their family had the ability to purchase more, and 19% said that they were hungry but couldn't eat because there wasn't enough food.¹⁰¹ The HET is implementing a Neighborhood and Built Environment community project which aims to improving living conditions and reduce food insecurity through increased access to healthy food sources.

Figure 92: Proportion of LGBTQ Who Experienced Food Insecurity, United States, 2021



Source: Trevor Project. National Survey on LGBTQ Youth Mental Health, 2021

¹⁰¹ Trevor Project. 2021 National Survey on LGBTQ Youth Mental Health. Retrieved from: <https://www.thetrevorproject.org/survey-2021/?section=FoodInsecurity>

Child Opportunity Index, Overall, State-Normed

The figure below shows the Child Opportunity Index (COI) by geographical identification codes (GeoID) in St. Lucie County in 2010 and 2015. The COI measures the quality of lived conditions and available resources that impact a child's development and ability to meet their maximum potential within the neighborhoods they live.¹⁰² Most recently in 2015, child opportunity was very low in 10 GeoIDs, low in 10 GeoIDs, moderate in 14 GeoIDs, and high in just 9 GeoIDs. Research has found that youth living in areas with low COI scores were more likely to be obese.¹⁰³ The HET is implementing a Neighborhood and Built Environment community project to improve living conditions in the County, but will also consider future projects aimed at improving child opportunity levels, in alignment with the County's Upward Mobility Plan.

Figure 93: Child Opportunity Index by GeoID, St. Lucie County, 2010 and 2015

Child Opportunity Index by GeoID, St. Lucie County, 2010 and 2015				
GeoID	2010		2015	
	Child Opportunity Levels	Child Opportunity Score	Child Opportunity Levels	Child Opportunity Score
12111380100	Very Low	1	Very Low	1
12111380200	Very Low	2	Very Low	1
12111380300	Very Low	1	Very Low	1
12111380400	Very Low	16	Low	27
12111380500	Very Low	15	Very Low	10
12111380600	Very Low	18	Very Low	17
12111380700	Very Low	16	Very Low	18
12111380800	Very Low	8	Very Low	15
12111380901	Very Low	6	Very Low	2
12111380902	Very Low	12	Very Low	15
12111381000	Low	35	Moderate	48
12111381101	Moderate	48	Low	40
12111381102	Low	37	Moderate	43
12111381204	Moderate	56	High	80
12111381300	High	64	Low	32
12111381401	Very Low	19	Low	26
12111381402	Low	24	Very Low	11
12111381502	Moderate	58	Moderate	44

¹⁰² DiversityDataKids.org. Child Opportunity Index. <https://www.diversitydatakids.org/child-opportunity-index>

¹⁰³ Tran, A.H. Walsh, A., & Hor, K.N. (2022). Child Opportunity Index and prevalence of obesity and hypertension in adolescents with congenital heart disease. *AHA*. 145.

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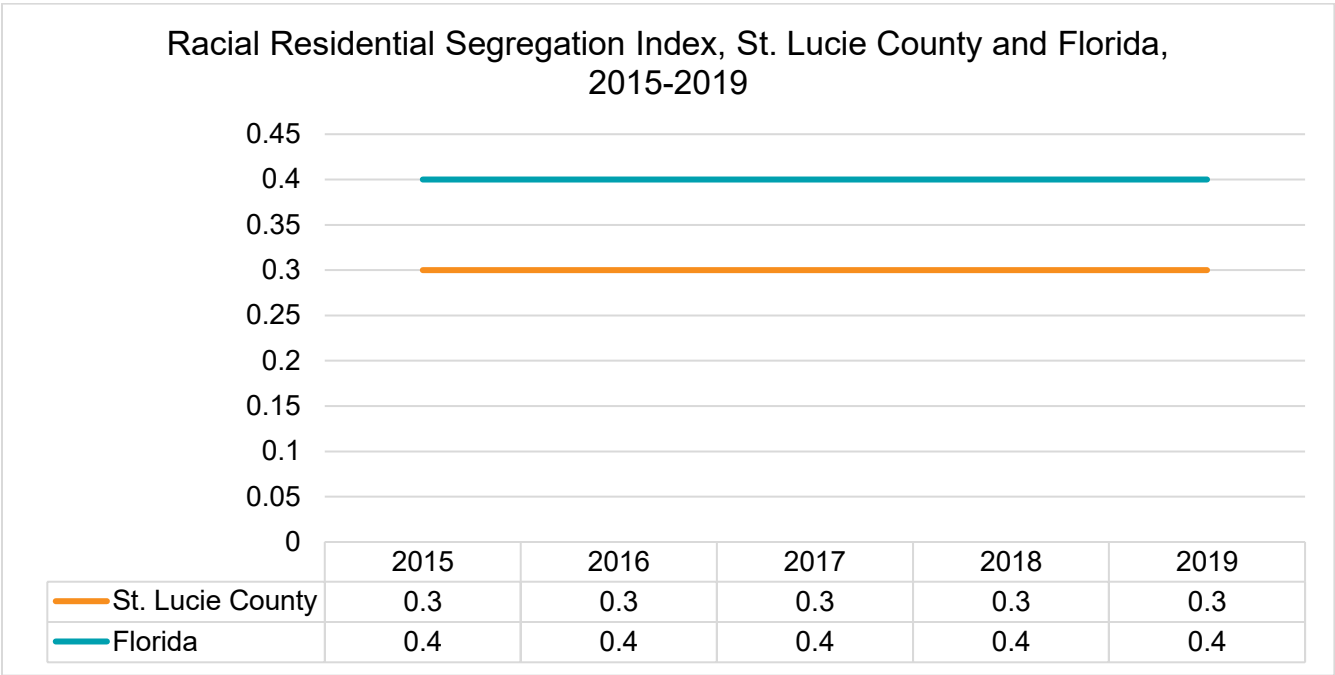
Child Opportunity Index by GeoID, St. Lucie County, 2010 and 2015				
GeoID	2010		2015	
	Child Opportunity Levels	Child Opportunity Score	Child Opportunity Levels	Child Opportunity Score
12111381503	Moderate	46	Moderate	56
12111381601	Moderate	41	Low	40
12111381602	Very Low	20	Low	39
12111381603	Moderate	56	Low	26
12111381701	Low	38	Moderate	60
12111381702	Very Low	11	High	67
12111381802	Very Low	15	Low	36
12111381803	Moderate	58	High	62
12111381804	Moderate	49	Moderate	56
12111381900	Moderate	47	High	71
12111382002	Low	27	Moderate	44
12111382003	Moderate	52	High	66
12111382006	High	64	High	67
12111382007	Low	25	Low	36
12111382008	Moderate	54	High	70
12111382009	Moderate	43	Moderate	56
12111382010	High	62	Low	30
12111382106	Moderate	43	High	64
12111382108	Moderate	50	Moderate	54
12111382109	High	70	High	74
12111382110	Moderate	59	Moderate	48
12111382111	Moderate	54	Moderate	47
12111382112	Low	30	Moderate	55
12111382113	Low	38	Moderate	53
12111382200	Low	40	Moderate	54

Source: Diversity Data Kids, Child Opportunity Index 2.0 Index Data, 2022

Racial Residential Segregation

The figure below shows the racial residential segregation index in **St. Lucie County** and **Florida** from 2015 to 2019. The racial residential segregation index ranges from 0.0 to 1.0, with 1.0 indicating maximum segregation.¹⁰⁴ There was no change in the racial residential segregation index in both St. Lucie County and Florida from 2015 to 2019. Each year, the racial residential segregation index in St. Lucie County was 0.3 compared to 0.4 in Florida. According to research, Black and Hispanic residents who live in highly concentrated, isolated, segregated neighborhoods with high dissimilarity are at higher risk for obesity.¹⁰⁵ The HET will consider future community projects aimed at reducing racial segregation, in alignment with the County’s Upward Mobility Plan.

Figure 94: Racial Residential Segregation Index, St. Lucie County and Florida, 2015-2019



Source: US Census Bureau, American Community Survey, 2015-2019

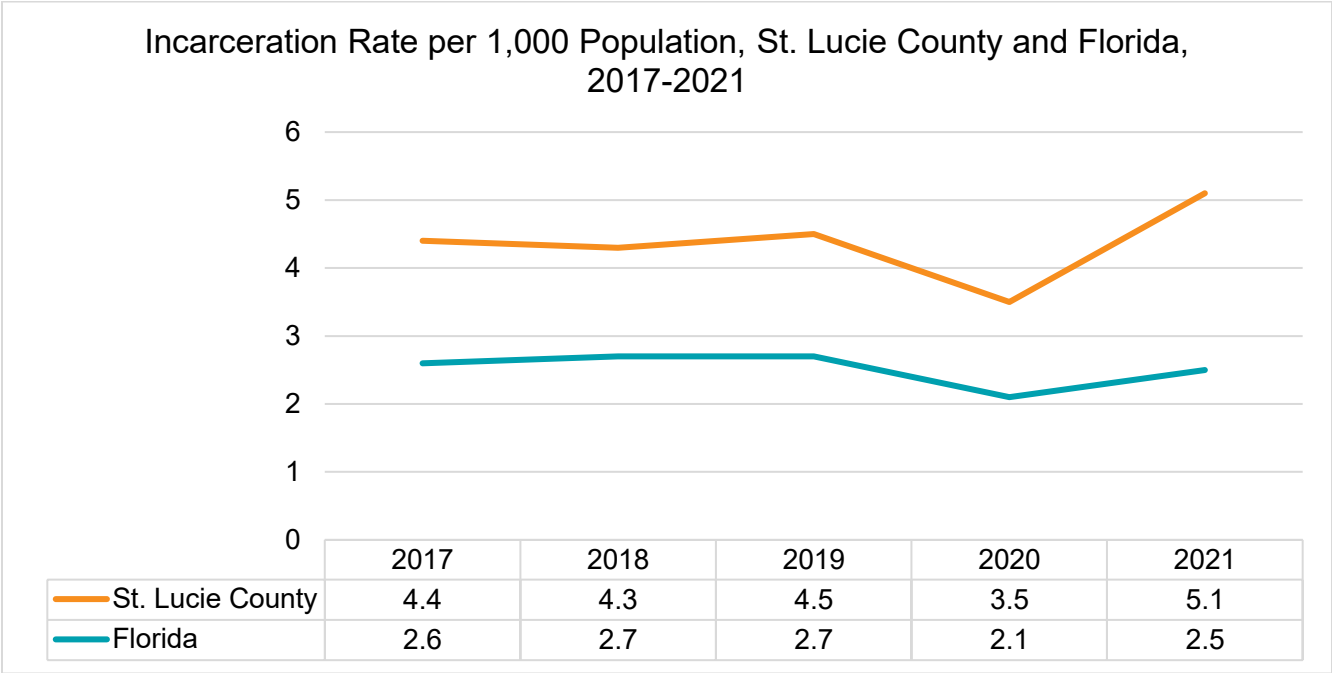
¹⁰⁴ United States Census. Housing Patterns: Appendix B: Measures of Residential Segregation Measures of Residential Segregation. <https://www.census.gov/topics/housing/housing-patterns/guidance/appendix-b.html>

¹⁰⁵ Yu, C., Woo, A., et al. (2017). The impacts of residential segregation on obesity. Journal of Physical Activity and Health. 15(11): 834-839.

Incarceration Rate

The figure below shows the incarceration rate in **St. Lucie County** and **Florida** from 2017 to 2021. Each year, the incarceration rate in St. Lucie County exceeded the state’s rate. In 2021, the incarceration rate in St. Lucie County reached 5.1 per 1,000 population, which was over two times higher than in the state (2.5 per 1,000 population). In the east south-central region in the US, a study showed that, recently, prison populations gained weight during their incarceration.¹⁰⁶ The HET will consider future community projects aimed at reducing incarceration, over-policing, and crime, in alignment with the County’s Upward Mobility Plan.

Figure 95: Incarceration Rate per 1,000 Population, St. Lucie County and Florida, 2017-2021



Source: Florida Department of Corrections, 2021

¹⁰⁶ Gates, M.L. & Bradford, R.K. (2015). The Impact of Incarceration on Obesity: Are Prisoners with Chronic Diseases Becoming Overweight and Obese during Their Confinement? *Journal of Obesity*. 2015.

LGBTQ+ Social Experiences

Unfortunately, there is no county or state-level data related to social experiences specific to LGBTQ+ residents. However, the Trevor Project 2021 National Survey on LGBTQ Youth Mental Health found that, nationally, 75% of LGBTQ+ youth aged 13 to 24 years ever experienced discrimination based on their sexual orientation or gender identity, 88% reported social media negatively impacted their well-being, only 33% lived in an LGBTQ-affirming home, and 48% stated that they wanted mental health care but could not get it. Notably, 96% of survey respondents also stated that social media has positively impacted their well-being.¹⁰⁷ The HET will consider future community projects aimed at reducing homophobia and transphobia in the county.

Figure 96: LGBTQ+ Social Experiences, 2021

Experiences	Proportion of LGBTQ+ Youth with Experience
Discrimination Based on Sexual Orientation or Gender Identity	75%
Live in an LGBTQ-Affirming Home	33%
Social Media has Positively Impacted Well-being	96%
Social Media has Negatively Impacted Well-being	88%
Wanted Mental Health Care, But Could Not Get It	48%

Source: Trevor Project. National Survey on LGBTQ Youth Mental Health, 2021

¹⁰⁷ Trevor Project. 2021 National Survey on LGBTQ Youth Mental Health. Retrieved from: <https://www.thetrevorproject.org/survey-2021/?section=FindingSupport>

Life Expectancy

The table below shows life expectancy in St. Lucie County by census tract from 2015 to 2019. Over time, St. Lucie County reported a lower life expectancy than the state of Florida. In 2019, St. Lucie County's overall life expectancy rate (79.5) was just under that of Florida's (79.7). Census tract 3821.08 had the highest life expectancy (98.3) in 2019, while census tract 3803 had the lowest (63.4).

Importantly, life expectancy data was not available for some census tracts, as indicated by "NA" in the table below. Research has shown that obesity has the potential to greatly reduce life expectancy, which further explains the HET priority to reduce obesity in St. Lucie County.¹⁰⁸

Figure 97: Life Expectancy by Census Tract, St. Lucie County, 2015-2019

Life Expectancy, By Census Tract, 2015-2019					
Location	2015	2016	2017	2018	2019
Florida	79.9 (79.9 - 79.9)	79.9 (79.8 - 79.9)	79.8 (79.7 - 79.8)	79.7 (79.7 - 79.8)	79.7 (79.7 - 79.8)
St. Lucie County	80.0 (79.7 - 80.3)	79.8 (79.6 - 80.1)	79.7 (79.4 - 80.0)	79.6 (79.3 - 79.8)	79.5 (79.2 - 79.8)
3801	NA	NA	NA	NA	NA
3802	68.2 (65.2 - 71.2)	68.4 (65.3 - 71.5)	67.8 (64.5 - 71.1)	65.8 (62.4 - 69.1)	64.9 (61.5 - 68.3)
3803	68.4 (66.2 - 70.5)	67.7 (65.4 - 69.9)	66.7 (64.4 - 68.9)	64.4 (62.1 - 66.7)	63.4 (61.1 - 65.7)
3804	72.9 (70.9 - 74.9)	72.4 (70.3 - 74.5)	70.9 (68.7 - 73.2)	69.6 (67.4 - 71.9)	68.8 (66.6 - 71.1)
3805	71.3 (69.5 - 73.2)	69.9 (67.8 - 71.9)	69.8 (67.6 - 72.0)	68.9 (66.6 - 71.2)	67.6 (65.2 - 70.0)
3806	75.7 (73.3 - 78.1)	75.7 (73.3 - 78.2)	74.7 (72.1 - 77.2)	73.1 (70.6 - 75.6)	71.9 (69.2 - 74.5)
3807	73.8 (72.0 - 75.5)	73.4 (71.7 - 75.2)	73.7 (72.0 - 75.5)	73.6 (71.9 - 75.2)	74.0 (72.4 - 75.6)
3808	78.3 (75.4 - 81.3)	80.8 (78.8 - 82.8)	80.2 (78.3 - 82.1)	80.1 (78.3 - 82.0)	79.4 (77.5 - 81.4)
3809.01	72.4 (68.8 - 75.9)	71.0 (67.4 - 74.7)	72.7 (69.2 - 76.1)	71.0 (67.3 - 74.7)	NA
3809.02	68.6 (66.2 - 71.0)	67.2 (64.7 - 69.8)	66.0 (63.4 - 68.6)	64.4 (61.6 - 67.2)	64.7 (61.8 - 67.6)
3810	NA	NA	NA	NA	NA
3811.01	74.5 (72.8 - 76.3)	72.8 (71.0 - 74.6)	72.0 (69.9 - 74.0)	71.0 (68.9 - 73.0)	69.3 (67.1 - 71.5)
3811.02	81.2 (79.1 - 83.4)	81.3 (79.3 - 83.4)	79.0 (76.5 - 81.5)	78.1 (75.6 - 80.7)	78.1 (75.6 - 80.5)
3812.04	NA	NA	NA	NA	NA
3813	81.1 (77.3 - 84.8)	NA	NA	NA	NA
3814.01	77.5 (75.3 - 79.6)	76.5 (74.3 - 78.6)	74.5 (72.1 - 76.8)	73.1 (70.7 - 75.4)	71.5 (69.0 - 74.0)
3814.02	72.0 (70.2 - 73.9)	71.1 (69.2 - 73.0)	70.7 (68.9 - 72.6)	70.4 (68.5 - 72.3)	70.8 (68.9 - 72.8)
3815.02	79.9 (78.6 - 81.3)	79.4 (78.0 - 80.8)	79.7 (78.3 - 81.0)	78.8 (77.5 - 80.2)	78.9 (77.6 - 80.2)
3815.03	76.5 (74.8 - 78.1)	75.6 (73.9 - 77.3)	74.5 (72.8 - 76.2)	74.0 (72.3 - 75.8)	74.2 (72.5 - 75.9)
3816.01	74.6 (72.3 - 76.8)	72.9 (70.4 - 75.3)	72.1 (69.5 - 74.6)	70.9 (68.1 - 73.8)	70.6 (67.7 - 73.5)
3816.02	78.5 (76.0 - 80.9)	76.7 (74.2 - 79.3)	76.7 (74.2 - 79.2)	75.6 (73.0 - 78.3)	76.0 (73.4 - 78.6)
3816.03	80.2 (77.6 - 82.8)	79.6 (76.9 - 82.4)	80.2 (77.8 - 82.5)	78.0 (75.4 - 80.6)	77.0 (74.1 - 79.8)
3817.01	NA	NA	NA	NA	NA
3817.02	NA	NA	NA	NA	NA
3818.02	76.2 (74.1 - 78.2)	76.6 (74.6 - 78.5)	76.1 (74.1 - 78.1)	74.5 (72.4 - 76.6)	73.3 (71.2 - 75.4)
3818.03	80.2 (78.2 - 82.2)	80.1 (78.2 - 82.0)	79.4 (77.1 - 81.7)	77.4 (74.7 - 80.1)	76.5 (73.7 - 79.4)
3818.04	78.1 (76.3 - 79.8)	77.6 (75.9 - 79.3)	76.8 (75.0 - 78.6)	77.4 (75.8 - 79.0)	76.3 (74.6 - 77.9)
3819	82.0 (79.6 - 84.3)	81.2 (78.7 - 83.7)	81.8 (79.4 - 84.3)	81.5 (79.4 - 83.6)	80.8 (78.7 - 82.9)
3820.02	76.4 (74.5 - 78.2)	75.8 (74.0 - 77.6)	74.8 (72.9 - 76.6)	74.1 (72.2 - 76.0)	74.5 (72.6 - 76.4)
3820.03	78.0 (76.6 - 79.4)	76.9 (75.4 - 78.3)	76.5 (74.9 - 78.0)	76.1 (74.5 - 77.7)	75.7 (74.1 - 77.2)
3820.06	81.5 (79.7 - 83.3)	80.1 (78.2 - 81.9)	78.9 (76.9 - 80.9)	79.3 (77.4 - 81.3)	78.5 (76.4 - 80.7)

¹⁰⁸ National Institute of Health (2020). Extreme obesity shaves years of life expectancy. Retrieved from: <https://irp.nih.gov/blog/post/2020/01/extreme-obesity-shaves-years-off-life-expectancy>

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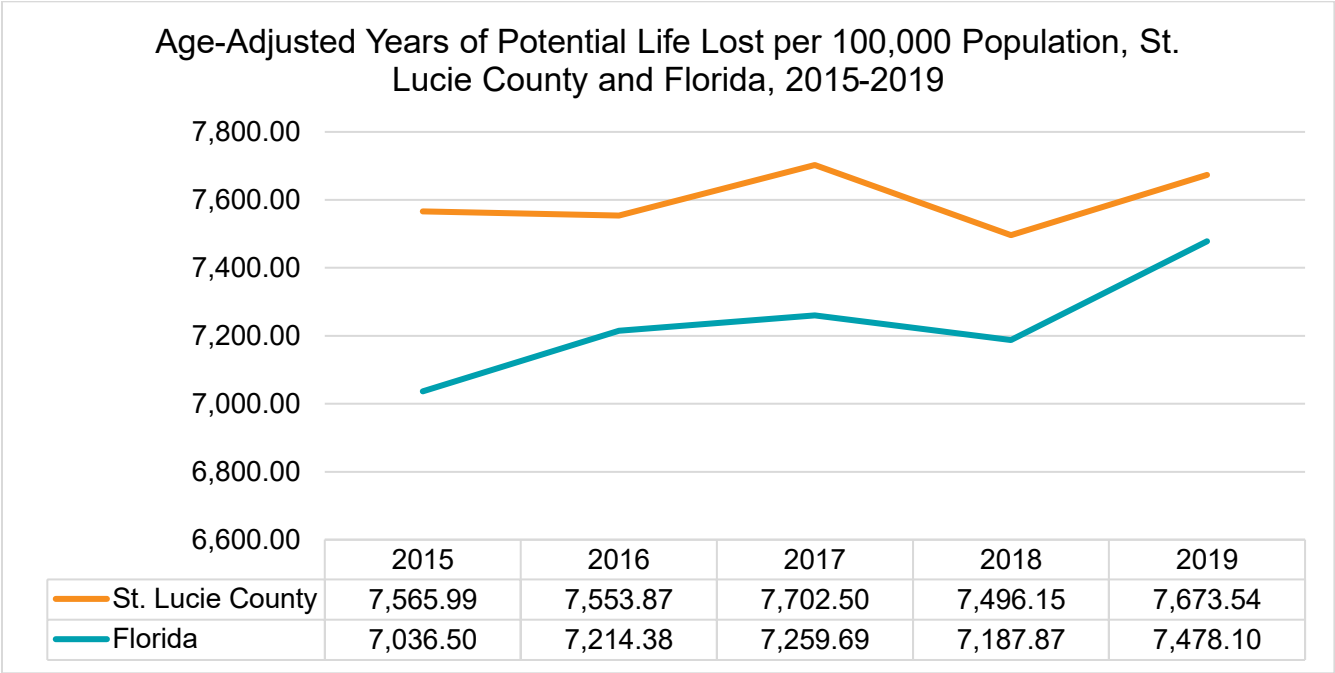
Life Expectancy, By Census Tract, 2015-2019					
Location	2015	2016	2017	2018	2019
3820.07	76.0 (74.0 - 78.0)	75.5 (73.6 - 77.4)	75.3 (73.5 - 77.1)	75.1 (73.2 - 76.9)	75.3 (73.6 - 77.1)
3820.08	76.3 (74.7 - 77.9)	76.4 (74.8 - 78.0)	75.9 (74.2 - 77.5)	75.5 (73.7 - 77.2)	76.0 (74.3 - 77.7)
3820.09	76.4 (74.4 - 78.4)	74.6 (72.4 - 76.7)	73.8 (71.5 - 76.0)	73.4 (71.1 - 75.6)	71.3 (68.9 - 73.6)
3820.1	NA	NA	NA	NA	NA
3821.06	79.8 (79.0 - 80.5)	79.7 (79.0 - 80.4)	79.6 (78.9 - 80.2)	79.5 (78.9 - 80.1)	79.1 (78.6 - 79.7)
3821.08	92.6 (91.1 - 94.0)	94.4 (92.8 - 95.9)	95.6 (94.0 - 97.2)	96.9 (95.2 - 98.6)	98.3 (96.5 - 100.0)
3821.09	84.7 (83.5 - 86.0)	84.6 (83.4 - 85.7)	84.0 (83.0 - 85.1)	83.9 (82.9 - 84.8)	83.1 (82.2 - 84.1)
3821.1	81.8 (80.0 - 83.5)	81.6 (80.0 - 83.3)	81.9 (80.2 - 83.5)	81.1 (79.6 - 82.6)	81.4 (79.7 - 83.0)
3821.11	77.8 (76.7 - 78.9)	78.2 (77.0 - 79.3)	78.6 (77.4 - 79.7)	79.3 (78.2 - 80.5)	79.8 (78.7 - 80.9)
3821.12	79.3 (77.4 - 81.1)	79.2 (77.4 - 81.0)	79.0 (77.3 - 80.7)	78.3 (76.7 - 79.9)	78.7 (77.1 - 80.3)
3821.13	81.4 (80.0 - 82.8)	81.8 (80.4 - 83.1)	81.8 (80.5 - 83.1)	81.4 (80.0 - 82.7)	81.8 (80.4 - 83.2)
3822	79.0 (76.4 - 81.7)	78.4 (75.2 - 81.5)	77.6 (74.6 - 80.6)	76.2 (73.0 - 79.5)	74.0 (70.3 - 77.7)
9800	NA	NA	NA	NA	NA

Source: Death data are from Florida Bureau of Vital Statistics. Population data are from the UMass Donahue Institute and the Florida Legislature Office of Economic and Demographic Research, 2015-2019

Premature Death – Years of Potential Life Lost

The figure below shows the age-adjusted years of potential life lost per 100,000 population in St. Lucie County and Florida from 2015 to 2019. Each year, the rate in St. Lucie County exceeded the rate in Florida. In 2019, the rate of age-adjusted years of potential life lost in St. Lucie County was 7,673.54 years per 100,000 population, compared to 7,478.10 years per 100,000 population in Florida. As stated earlier, evidence shows that obesity reduces life expectancy.¹⁰⁹

Figure 98: Age-Adjusted Years of Potential Life Lost per 100,000 Population, St. Lucie County and Florida, 2015-2019



Source: Robert Wood Johnson Foundation, County Health Rankings, 2015-2019

¹⁰⁹ National Institute of Health (2020). Extreme obesity shaves years of life expectancy. Retrieved from: <https://irp.nih.gov/blog/post/2020/01/extreme-obesity-shaves-years-off-life-expectancy>

The impact of social and community context on obesity

Social and Community Context		
SDOH	Priority Populations Impacted	How the SDOH Impacts Obesity
Food Insecurity	LGBTQ+ residents; Hispanic residents; Black or African American residents; low-income residents	Children who experience food insecurity without hunger are more likely to be obese compared to their food secure peers. This is due to the increased consumption of high calorie foods with low nutritional value among these food insecure individuals. Overall, food insecurity leads to worse health outcomes and increases the risk of obesity for both children and adults. Social disruption, poor dietary intake, and decreased levels of physical activity among food insecure populations contribute to these disparities.
Child Opportunity Index	GeolDs 12111380100, 12111380200, 12111380300, 12111380500, 12111380600, 12111380700, 12111380800, 12111380901, 12111380902, 12111381402	The Child Opportunity Index (COI) is used to measure the quality of resources and conditions in neighborhoods that play a role in healthy childhood development. Research has shown that children who live in areas with less opportunity and lower Child Opportunity Index scores are more likely to have poor health outcomes and experience obesity compared to their peers in higher-scoring areas.
Racial Residential Segregation	Black or African American residents; Hispanic residents	Research has shown that Black and Hispanic residents who live in areas with high dissimilarity, segregation, and isolation levels are more likely to be obese.
Social Associations/ Social Support	LGBTQ+ residents; the county had a lower rate of social associations than the state	Social associations and social support networks offer opportunities for residents to engage in active and healthy lifestyles, making these functions an important predictor of health behaviors. Social associations help connect residents and facilitate social relationships, which are strongly correlated with positive physical and mental health outcomes.
Incarceration	Communities of color; the county has had a general increase in incarcerations	Research has shown that prison populations often gain weight during incarceration due to limited access to healthy and nutritious foods. Incarceration can also impact family systems and disrupt factors such as opportunity, wealth, and access.
Household Composition	Children under 18 in single-parent households	Research has shown that children of single-parent households are more likely to be obese due to the complex nature of these familial situations. Reduced homemade meals, less family mealtime, and less physical activity opportunities have all been shown to present challenges in

Social and Community Context		
SDOH	Priority Populations Impacted	How the SDOH Impacts Obesity
		single-parent homes and influence obesity risk for the children in these families.
Life Expectancy	Black or African American residents; Hispanic residents; Residents in census tract 3803	Life expectancy can be influenced by social factors such as toxic stress, racial weathering, and decreased access to resources that promote good health. Collectively, these challenges can decrease life expectancy among racial and ethnic populations. Obesity has been found to greatly reduce life expectancy.
Premature Death – Years of Potential Life Lost	Black or African American residents; Hispanic residents; the county had a higher age-adjusted rate of years of potential life lost than the state	Obesity is the leading cause of preventable premature death worldwide. Preventable premature death may also be influenced by unequal and unjust health disparities and social determinants of health experienced by racial and ethnic groups.

E. Health Care Access and Quality



Health care access and quality data for St. Lucie County

Health care access and quality is another critical Social Determinant of Health that can have a lasting impact on health outcomes, wellbeing, and obesity. Those who do not have health insurance are less likely to have a primary care provider and may delay or neglect needed care due to cost. Furthermore, residents without a primary care provider may not receive recommended health care services, like screenings. Other factors, such as provider availability and proximity, can influence a person's ability to access needed care and preventative services, ultimately influencing their overall health outcomes.¹¹⁰ Research has shown that a greater distance to healthcare locations is associated with a decreased likelihood of patients seeking care due to travel costs, time barriers, and overall accessibility.¹¹¹ These variables make it imperative to understand and address health care access and quality when working towards achieving health equity in the community.

The following data explores health care access and quality factors in St. Lucie County. It is important to note that disaggregated data was not available for all populations, such as American Indian and Alaska Natives, Asians, Native Hawaiians, Hispanic and Latino residents, elders, infants and toddlers, people living with disabilities, veterans, people identifying as LGBTQ+, and immigrants. Research shows that these populations experience health inequities at higher rates. However, data was unavailable for these populations in many instances.

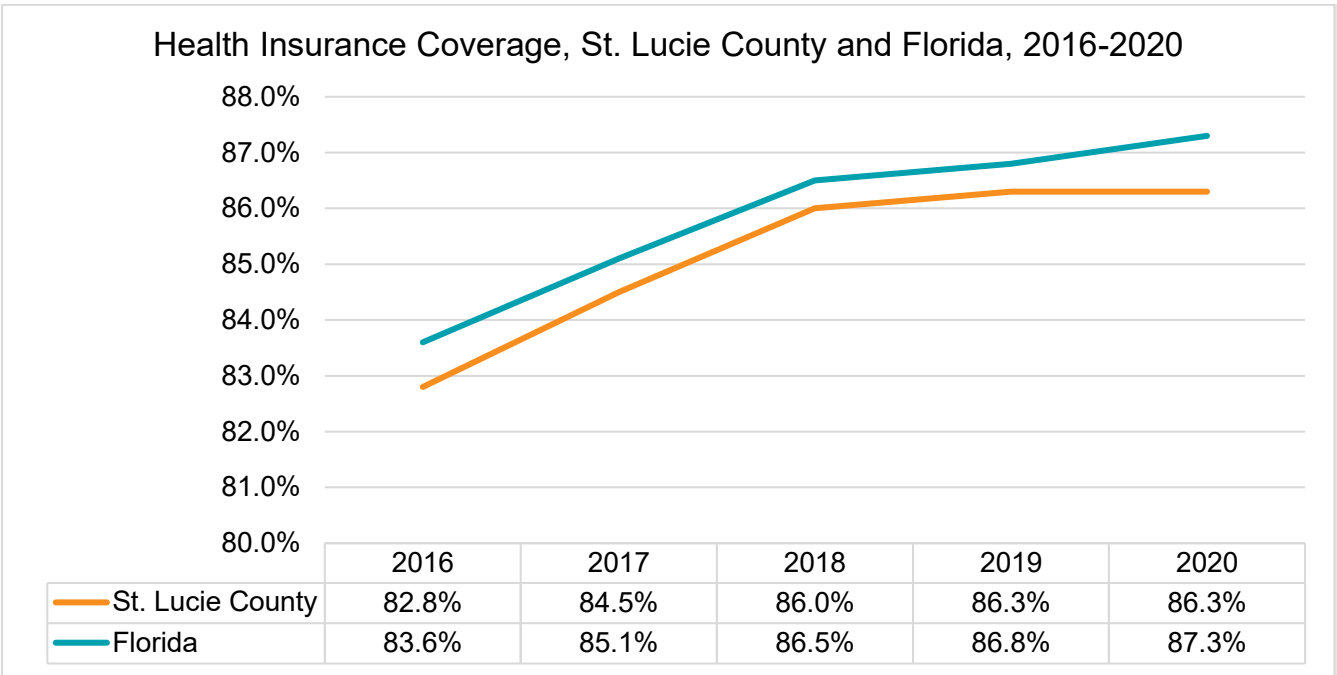
¹¹⁰ Healthy People 2030. (2022). Healthcare access and quality. Retrieved from <https://health.gov/healthypeople/objectives-and-data/browse-objectives/health-care-access-and-quality>

¹¹¹ Kelly, C., Hulme, C., Farragher, T., & Clarke, G. (2016). Are differences in travel time or distance to healthcare for adults in global north countries associated with an impact on health outcomes? A systematic review. *BMJ open*, 6(11), e013059. <https://doi.org/10.1136/bmjopen-2016-013059>

Health Insurance Coverage

The figure below shows health insurance coverage in **St. Lucie County** and **Florida** from 2016 to 2020. Each year, the percentage of residents with health insurance coverage in Florida exceeded the percentage of residents with coverage in St. Lucie County. In 2020, the proportion of residents with health insurance coverage in St. Lucie County rose to 86.3% and the proportion of residents with health insurance coverage in Florida rose to 87.3%. Residents without health insurance coverage are likely to have unmet health needs, experience delayed care, and not to receive necessary health screenings and care.¹¹² This is particularly worrisome for individuals who are prone to or are experiencing obesity, as they may not receive proper prevention, management counseling, or treatment. The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 99: Health Insurance Coverage, St. Lucie County and Florida, 2016-2020



Source: US Census Bureau, American Community Survey, 2016-2020

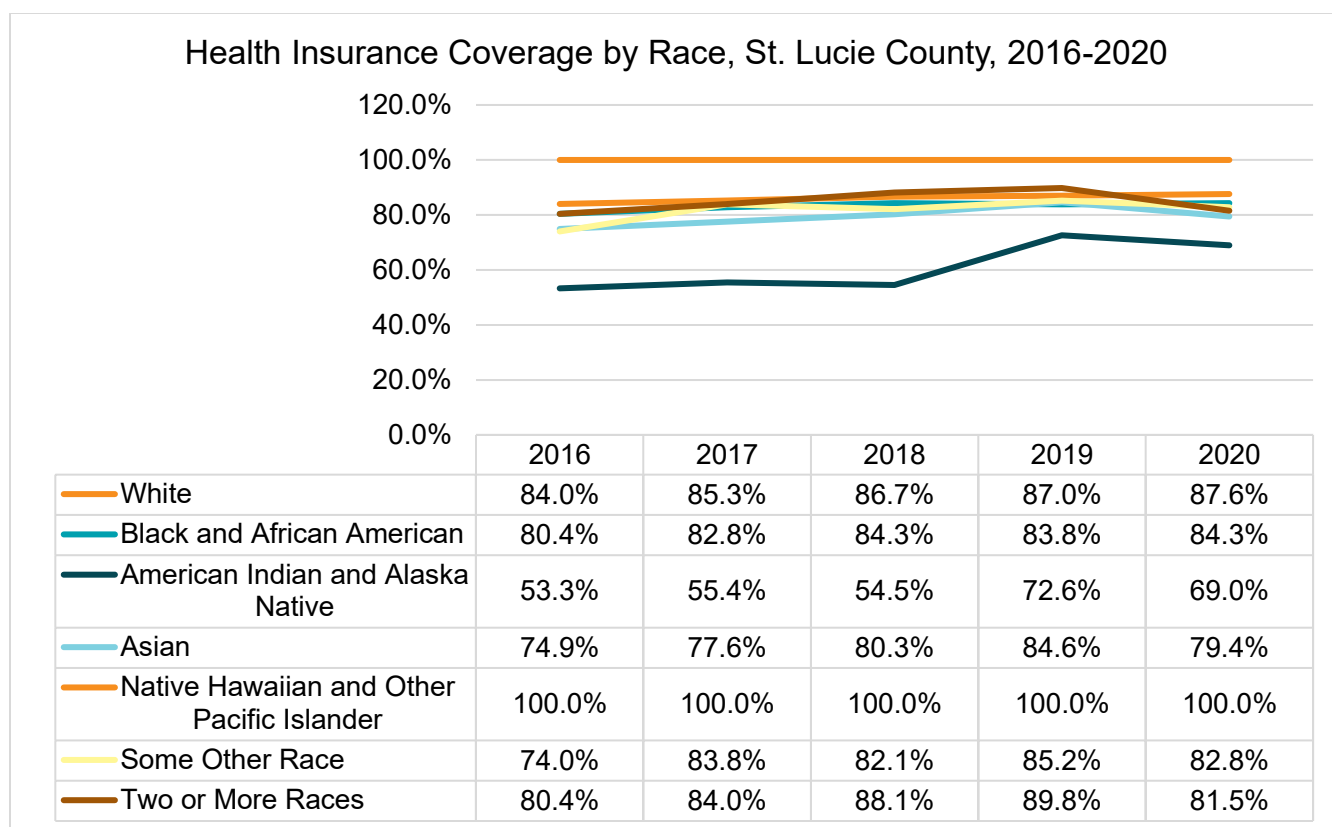
¹¹² Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

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The figure below shows health insurance coverage by **race** in St. Lucie County from 2016 to 2020. Across all racial groups, the percentage of residents with health insurance coverage slightly increased or remained that same between 2016 and 2020. In 2020, 87.6% of White residents had health insurance coverage, compared to 84.3% of Black or African American residents. American Indian and Alaska Native residents reported the lowest proportion of residents with health insurance coverage in 2020 (69.0%). Residents without health insurance coverage are likely to have unmet health needs, experience delayed care, and not to receive necessary health screenings and care.¹¹³ This is particularly worrisome for individuals who are prone to or are experiencing obesity, as they may not receive proper prevention, management counseling, or treatment. The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 100: Health Insurance Coverage by Race, St. Lucie County, 2016-2020

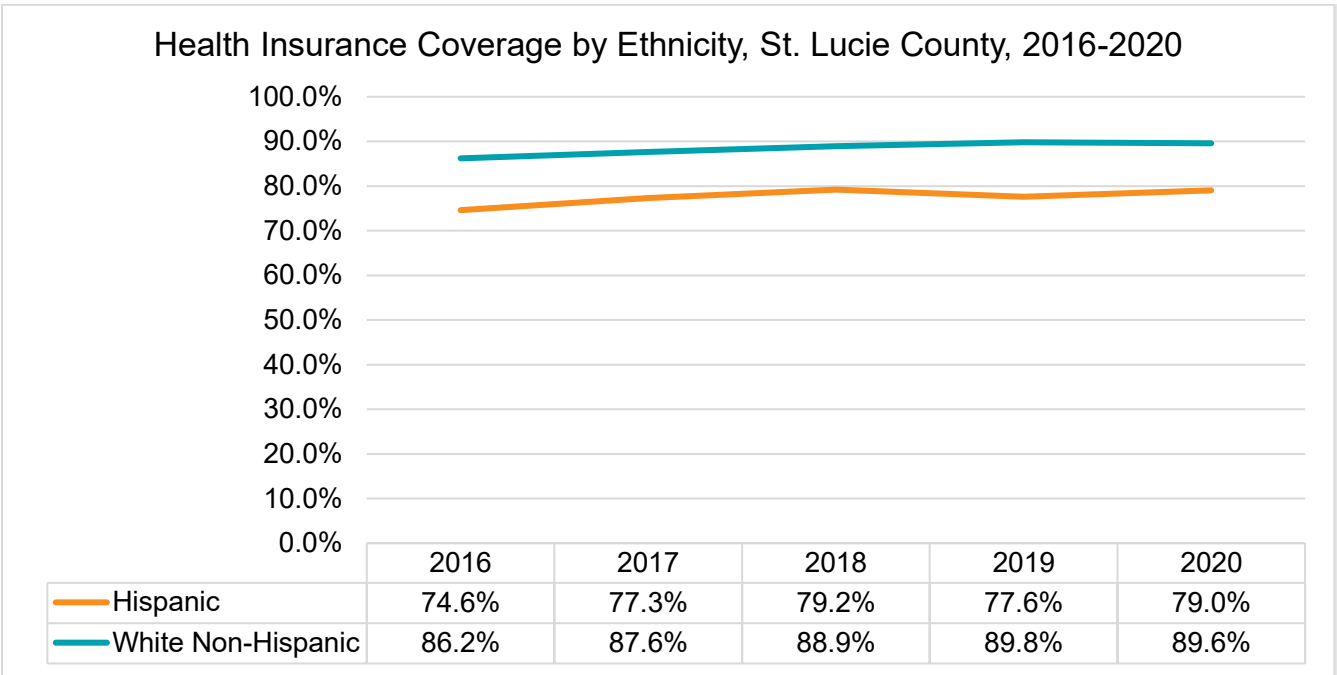


Source: US Census Bureau, American Community Survey, 2016-2020

¹¹³ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

The figure below shows health insurance coverage by **ethnicity** in St. Lucie County from 2016 to 2020. Over this timeframe, higher proportions of White non-Hispanic residents had health insurance coverage compared to their Hispanic counterparts. In 2020, 89.6% of White non-Hispanic residents had health insurance coverage, compared to 79.0% of Hispanic residents. Residents without health insurance coverage are likely to have unmet health needs, experience delayed care, and not to receive necessary health screenings and care.¹¹⁴ This is particularly worrisome for individuals who are prone to or are experiencing obesity, as they may not receive proper prevention, management counseling, or treatment. The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 101: Health Insurance Coverage by Ethnicity, St. Lucie County, 2016-2020

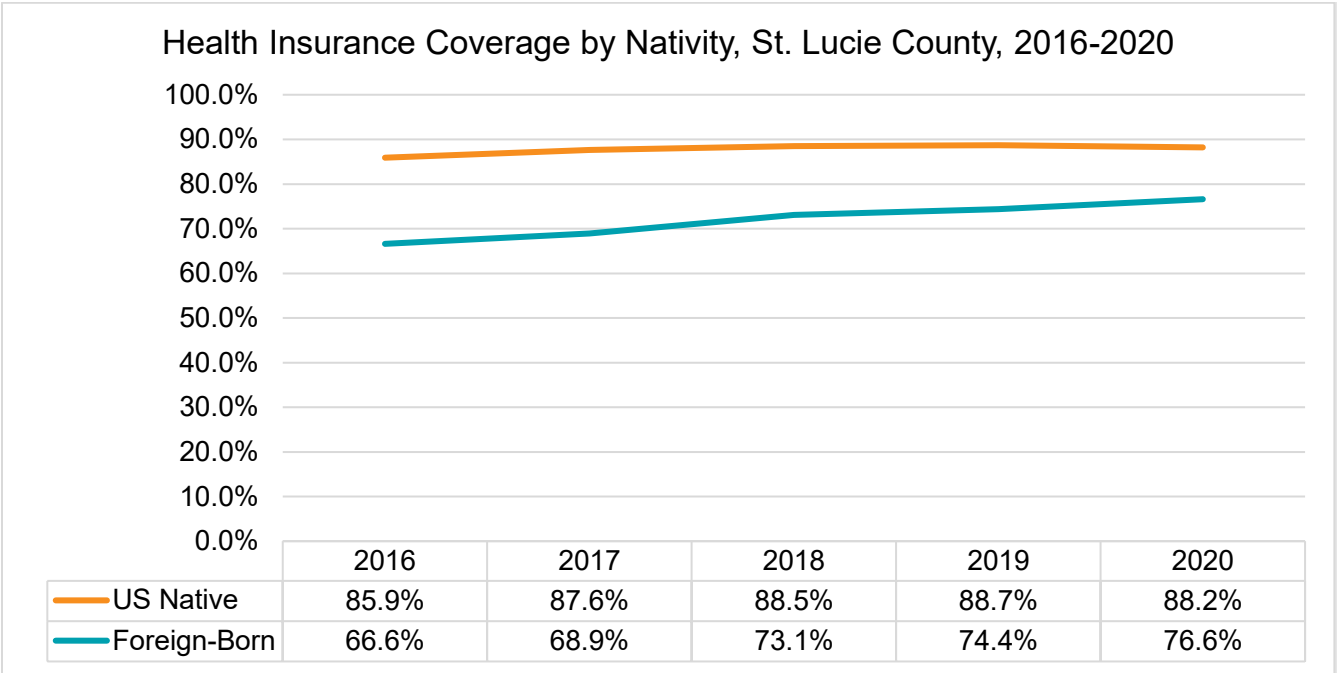


Source: US Census Bureau, American Community Survey, 2016-2020

¹¹⁴ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

The figure below shows health insurance coverage by **nativity** in St. Lucie County from 2016 to 2020. Each year, the proportion of US native residents that had health insurance coverage exceeded that of foreign-born residents. In 2020, 88.2% of US native residents had health insurance coverage, compared to 76.6% of foreign-born residents. As stated earlier, residents without health insurance coverage are likely to have unmet health needs, experience delayed care, and not to receive necessary health screenings and care.¹¹⁵ This is particularly worrisome for individuals who are prone to or are experiencing obesity, as they may not receive proper prevention, management counseling, or treatment. The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 102: Health Insurance Coverage by Nativity, St. Lucie County, 2016-2020

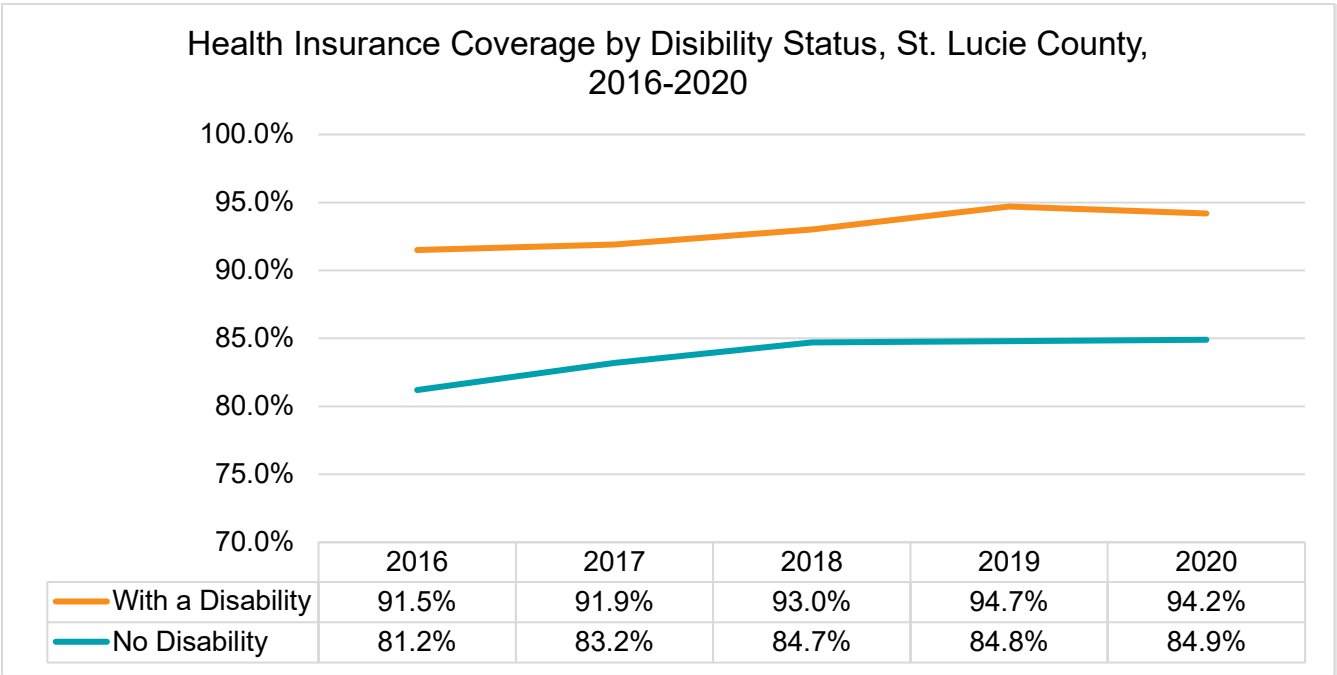


Source: US Census Bureau, American Community Survey, 2016-2020

¹¹⁵ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

The figure below shows health insurance coverage by **disability status** in St. Lucie County from 2016 to 2020. A higher proportion of those with a disability had health insurance coverage compared to those with no disability, though the proportion increased for both groups. Most recently in 2020, 94.2% of residents with a disability had health insurance coverage, compared to 84.9% of residents with no disability. As indicated previously, residents without health insurance coverage are likely to have unmet health needs, experience delayed care, and not to receive necessary health screenings and care.¹¹⁶ This is particularly worrisome for individuals who are prone to or are experiencing obesity, as they may not receive proper prevention, management counseling, or treatment. The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 103: Health Insurance Coverage by Disability Status, St. Lucie County, 2016-2020

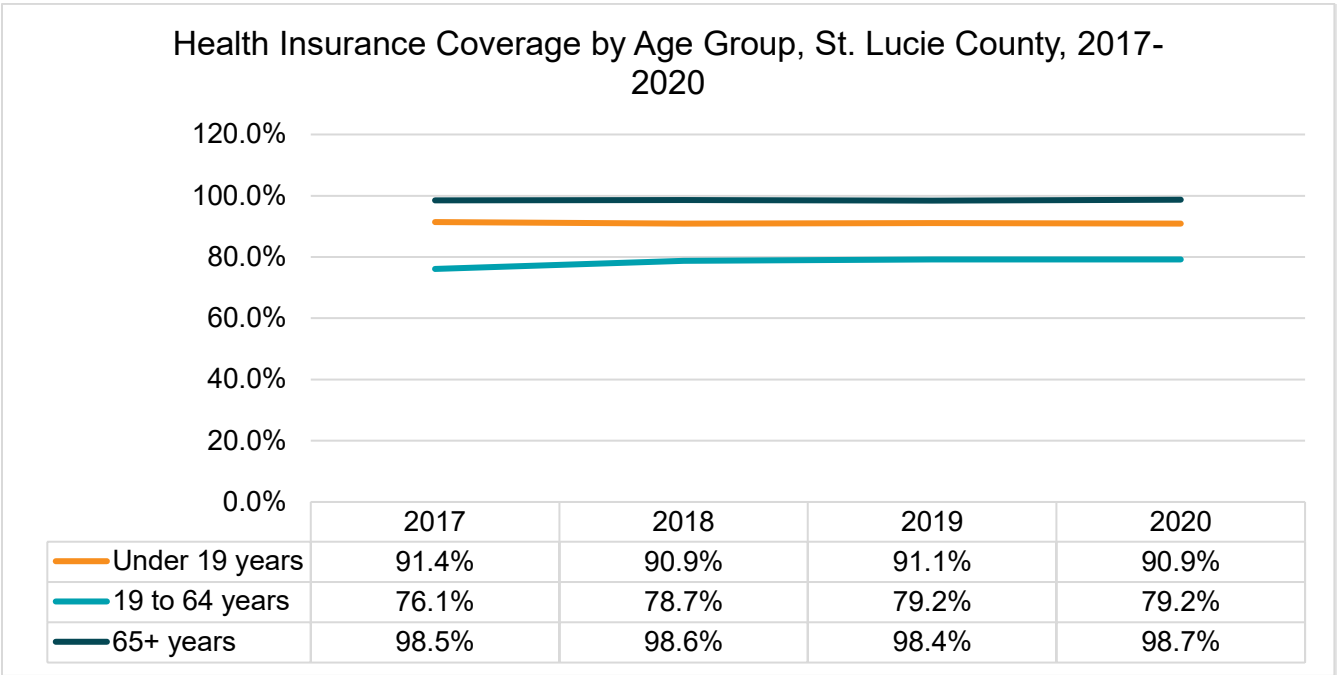


Source: US Census Bureau, American Community Survey, 2016-2020

¹¹⁶ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

The figure below shows health insurance coverage by **age group** in St. Lucie County from 2017 to 2020. During this time, a higher proportion of older residents reported having health insurance coverage compared to younger groups. In 2020, 98.7% of residents aged 65 years and over had health insurance coverage, compared to 90.9% of residents under 19 years old, and 79.2% of residents between 19 and 64 years of age. Residents without health insurance coverage are likely to have unmet health needs, experience delayed care, and not to receive necessary health screenings and care.¹¹⁷ This is particularly worrisome for individuals who are prone to or are experiencing obesity, as they may not receive proper prevention, management counseling, or treatment. The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 104: Health Insurance Coverage by Age Group, St. Lucie County, 2017-2020

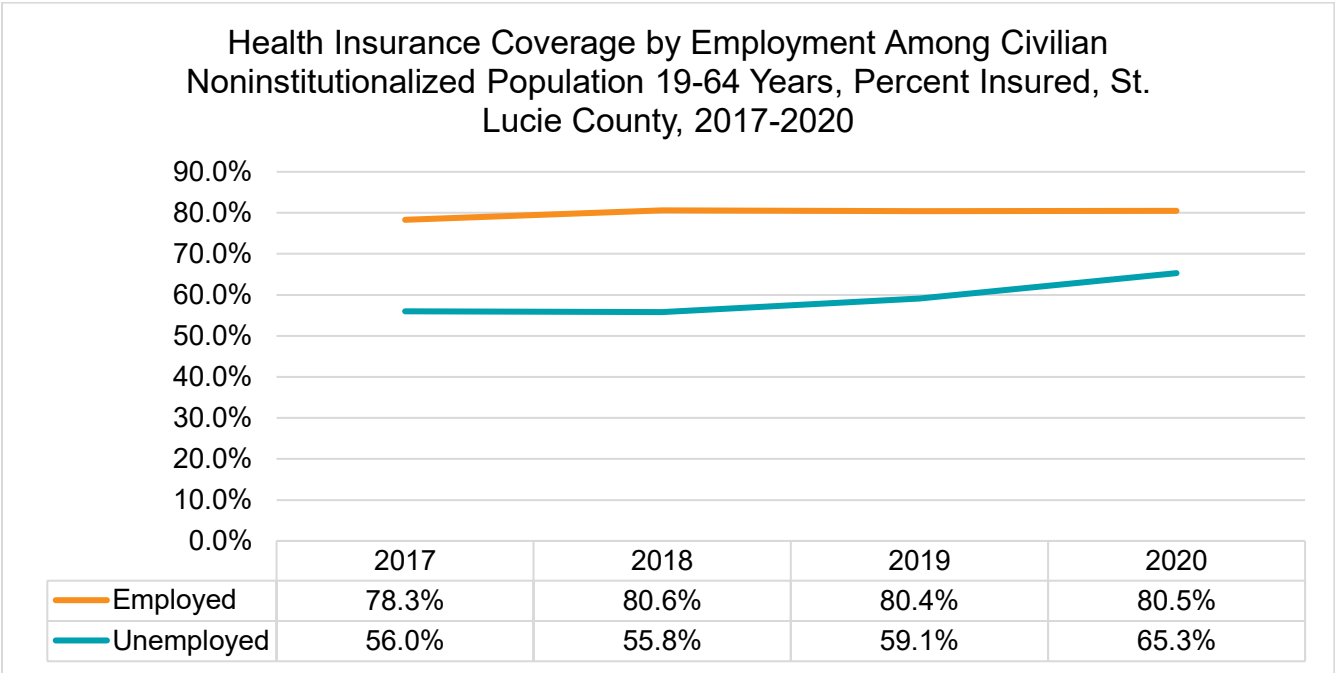


Source: US Census Bureau, American Community Survey, 2017-2020

¹¹⁷ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

The figure below shows health insurance coverage by **employment status** among the civilian noninstitutionalized population aged 19 to 64 years in St. Lucie County from 2017 to 2020. A higher proportion of employed residents had health insurance coverage compared to those who were unemployed, though both groups saw a general increase between 2017 and 2020. In 2020, 80.5% of employed residents had health insurance coverage, compared to 65.3% of unemployed residents, demonstrating a clear association between employment and coverage. Residents without health insurance coverage are likely to have unmet health needs, experience delayed care, and not to receive necessary health screenings and care.¹¹⁸ This is particularly worrisome for individuals who are prone to or are experiencing obesity, as they may not receive proper prevention, management counseling, or treatment. The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 105: Health Insurance Coverage by Employment Among Civilian Noninstitutionalized Population 19-64 Years, Percent Insured, St. Lucie County, 2017-2020

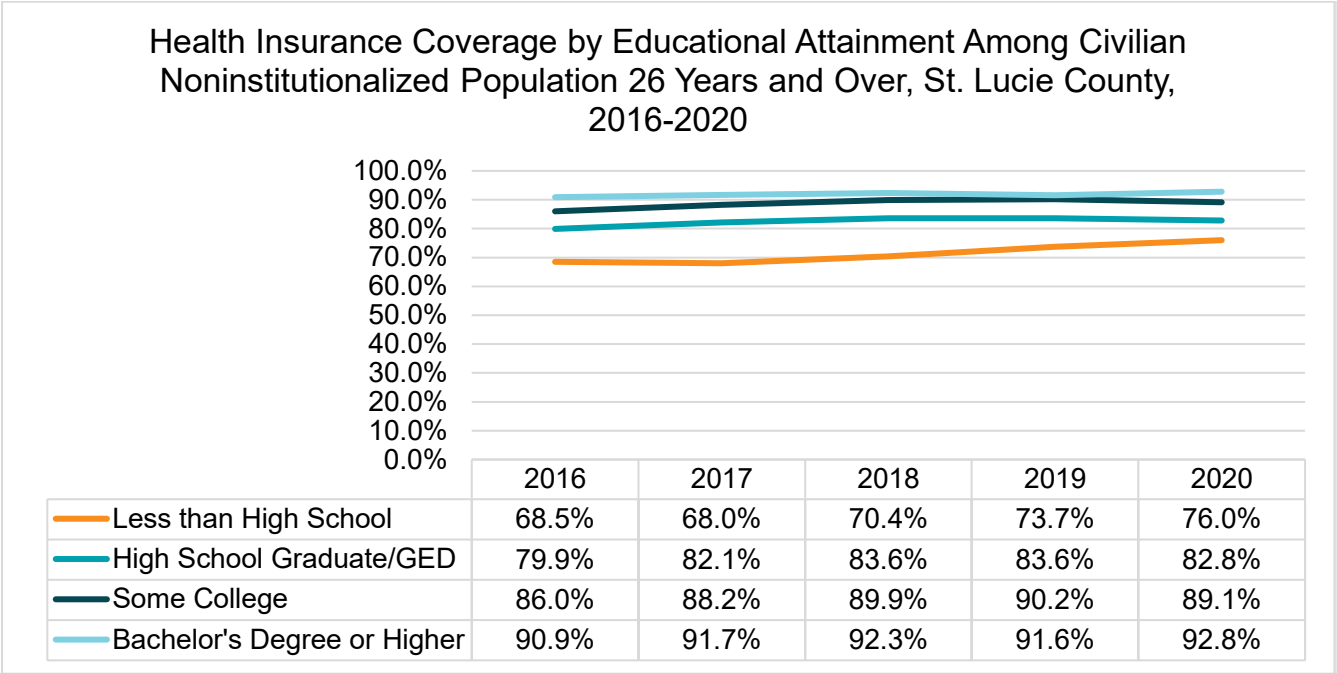


Source: US Census Bureau, American Community Survey, 2017-2020

¹¹⁸ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

The figure below shows health insurance coverage by **educational attainment** among the civilian noninstitutionalized population aged 26 years and over in St. Lucie County from 2016 to 2020. Each year, a higher proportion of residents with a bachelor's degree or higher had health insurance coverage. Most recently in 2020, 92.8% of residents with a bachelor's degree or higher had health insurance coverage, compared to 89.1% of residents with some college education, 82.8% with a high school diploma or GED, and 76% of residents with less than a high school education, demonstrating a clear association between educational level and coverage. As stated earlier, residents without health insurance coverage are likely to have unmet health needs, experience delayed care, and not to receive necessary health screenings and care.¹¹⁹ This is particularly worrisome for individuals who are prone to or are experiencing obesity, as they may not receive proper prevention, management counseling, or treatment. The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 106: Health Insurance Coverage by Educational Attainment Among Civilian Noninstitutionalized Population 26 Years and Over, St. Lucie County, 2016-2020



Source: US Census Bureau, American Community Survey, 2016-2020

¹¹⁹ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

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The figure below shows health insurance coverage status by **census tract** in St. Lucie County. Census tracts 3821.20 (100%), 3821.18 (99.1%), and 3821.22 (98.9%) reported the highest proportion of residents with health insurance coverage, while census tracts 3806 (31.6%), 3805 (30.8%), and 3809.01 (30.8%) reported the highest proportion of residents without health insurance coverage. Residents without health insurance coverage are likely to have unmet health needs, experience delayed care, and not to receive necessary health screenings and care.¹²⁰ This is particularly worrisome for individuals who are prone to or are experiencing obesity, as they may not receive proper prevention, management counseling, or treatment. The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 107: Health Insurance Coverage Status by Census Tract, St. Lucie County, 2020

Health Insurance Coverage Status by Census Tract, St. Lucie County, 2020		
Area/Census Tract	With health insurance coverage	No health insurance coverage
State	87.3%	12.7%
County	86.3%	13.7%
3801	77.8%	22.2%
3802	76.7%	23.3%
3803	77.1%	22.9%
3804	81.7%	18.3%
3805	69.2%	30.8%
3806	68.4%	31.6%
3807	80.0%	20.0%
3808	88.8%	11.2%
3809.01	69.2%	30.8%
3809.02	77.6%	22.4%
3810	88.3%	11.7%
3811.03	85.4%	14.6%
3811.04	81.8%	18.2%
3811.05	95.6%	4.4%
3811.06	95.9%	4.1%
3811.07	82.6%	17.4%
3812.04	97.1%	2.9%
3813	96.8%	3.2%
3814.01	85.5%	14.5%
3814.02	76.9%	23.1%
3815.04	77.2%	22.8%
3815.05	80.2%	19.8%
3815.06	86.4%	13.6%

¹²⁰ Lave, J.R., Keane, C.R., et al. (1998). The impact of lack of health insurance on children. *Journal of Health and Social Policy*. 10(2): 57-73.

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Health Insurance Coverage Status by Census Tract, St. Lucie County, 2020		
Area/Census Tract	With health insurance coverage	No health insurance coverage
3815.07	87.8%	12.2%
3815.08	92.4%	7.6%
3816.03	92.2%	7.8%
3816.04	93.5%	6.5%
3816.05	84.4%	15.6%
3817.01	98.4%	1.6%
3817.02	98.2%	1.8%
3818.02	88.8%	11.2%
3818.03	86.0%	14.0%
3818.04	87.4%	12.6%
3819	90.9%	9.1%
3820.07	78.4%	21.6%
3820.08	85.5%	14.5%
3820.09	87.6%	12.4%
3820.10	82.5%	17.5%
3820.11	91.7%	8.3%
3820.12	89.7%	10.3%
3820.13	89.4%	10.6%
3820.14	85.6%	14.4%
3820.15	83.1%	16.9%
3820.16	92.6%	7.4%
3821.10	79.9%	20.1%
3821.12	79.3%	20.7%
3821.14	88.3%	11.7%
3821.15	81.0%	19.0%
3821.16	97.4%	2.6%
3821.17	92.2%	7.8%
3821.18	99.1%	0.9%
3821.19	82.5%	17.5%
3821.20	100.0%	0.0%
3821.21	94.6%	5.4%
3821.22	98.9%	1.1%
3821.23	81.3%	18.7%
3821.24	95.7%	4.3%
3821.25	89.4%	10.6%
3821.26	89.8%	10.2%
3821.27	98.0%	2.0%
3821.28	88.0%	12.0%

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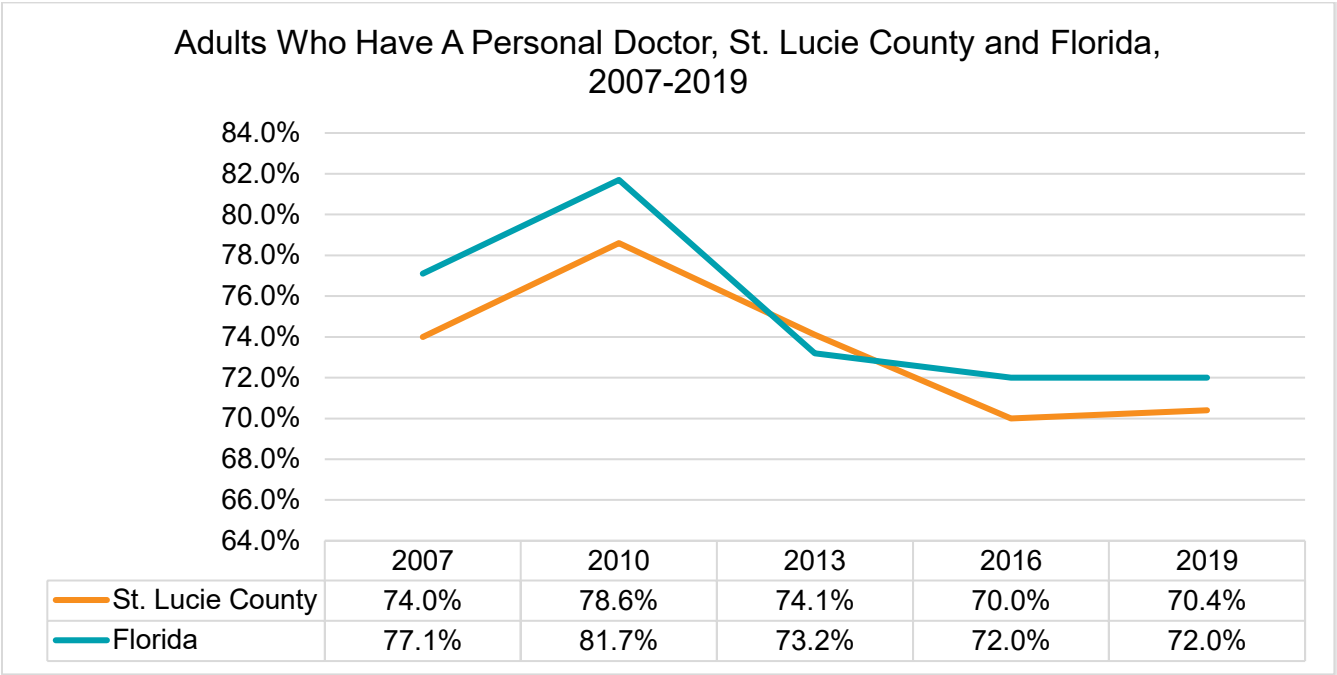
Health Insurance Coverage Status by Census Tract, St. Lucie County, 2020		
Area/Census Tract	With health insurance coverage	No health insurance coverage
3821.29	88.6%	11.4%
3816.02	88.1%	11.9%
3821.30	88.4%	11.6%
3822.01	98.3%	1.7%
3822.02	87.1%	12.9%
9800	-	-
9900	-	-

Source: US Census Bureau, American Community Survey, 2016-2020

Adults who have a personal doctor

The figure below shows the proportion of adults who have a personal doctor in **St. Lucie County** and **Florida** from 2007 to 2019. In both St. Lucie County and Florida, the proportion of adults who had a personal doctor decreased between 2010 and 2016. In 2019, 72% of adults in Florida had a personal doctor, compared to 70% in St. Lucie County. Primary care plays a vital role in obesity prevention, care, and treatment.¹²¹ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 108: Adults Who Have A Personal Doctor, St. Lucie County and Florida, 2007-2019

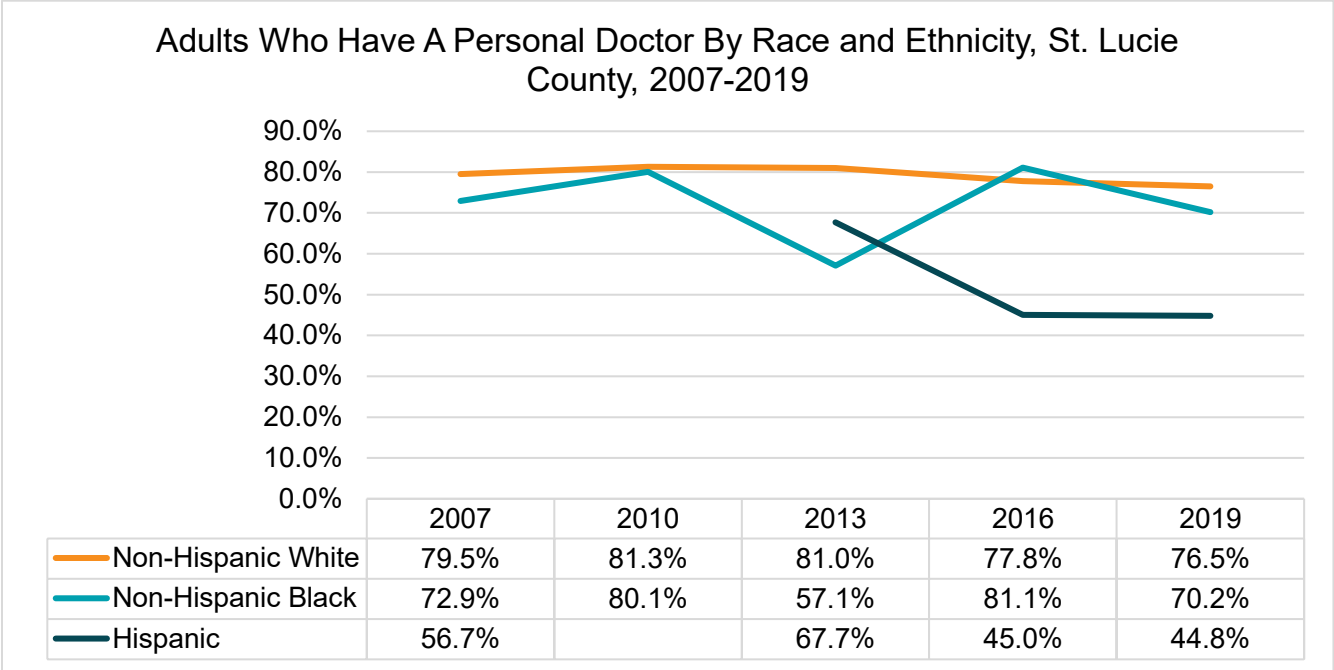


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹²¹ Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

The figure below shows the proportion of adults who have a personal doctor by **race and ethnicity** in St. Lucie County from 2007 to 2019. Importantly, data was not available for Hispanic adults in 2010. Over time, there was a decrease in the proportion of adults who had a personal doctor among non-Hispanic White, non-Hispanic Black, and Hispanic adults. In 2019, 76.5% non-Hispanic White adults in St. Lucie County had a personal doctor, compared to 70.2% non-Hispanic Black adults and 44.8% Hispanic adults. Primary care plays a vital role in obesity prevention, care, and treatment.¹²² The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 109: Adults Who Have A Personal Doctor by Race and Ethnicity, St. Lucie County, 2007-2019

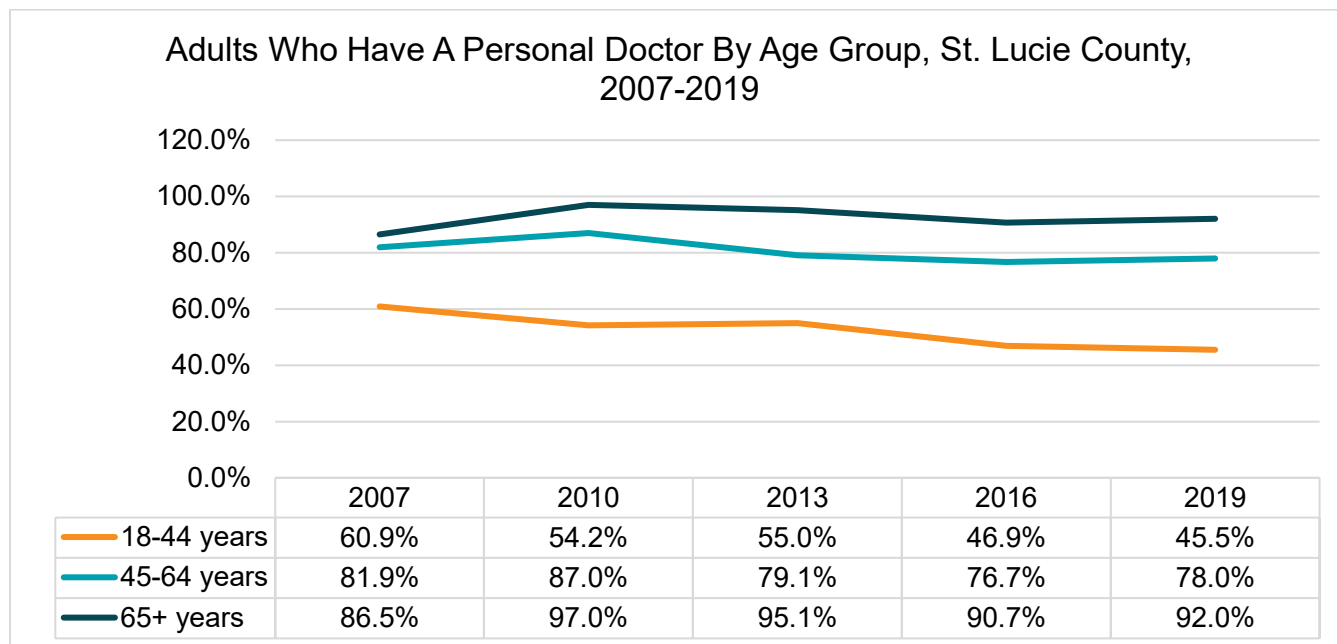


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹²² Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

The figure below shows the proportion of adults who have a personal doctor by **age group** in St. Lucie County from 2007 to 2019. Each year, the proportion of adults aged 65 years and over who had a personal doctor exceeded that of adults aged 18 to 44 years and adults 45 to 64 years. In 2019, 92% of adults aged 65 and older had a personal doctor, compared to 78% of adults aged 45 to 64 years, and 45.5% of adults aged 18 to 44 years. As stated earlier, primary care plays a vital role in obesity prevention, care, and treatment.¹²³ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 110: Adults Who Have A Personal Doctor by Age Group, St. Lucie County, 2007-2019

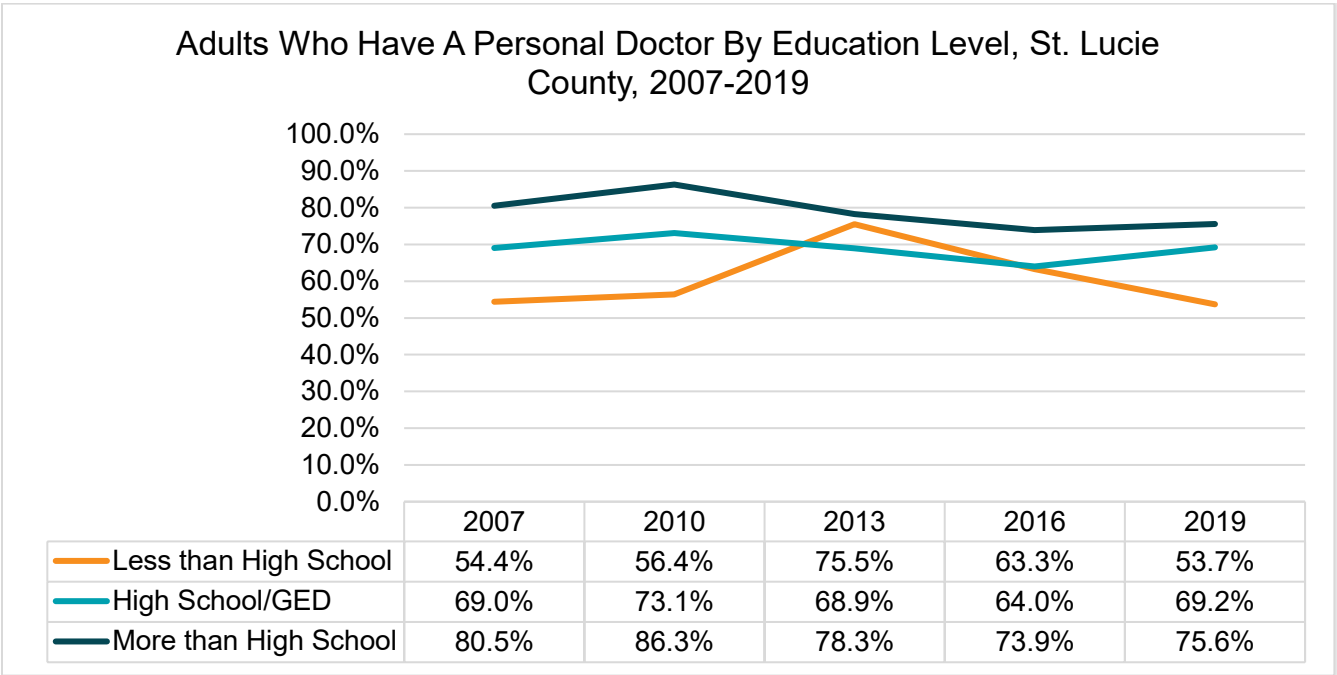


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹²³ Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

The figure below shows the proportion of adults who have a personal doctor by **educational level** in St. Lucie County from 2007 to 2019. Each year, a higher proportion of adults with more than a high school education had a personal doctor. In 2019, 75.6% of adults with more than a high school education had a personal doctor, compared to 69.2% of adults with a high school diploma or GED, and 53.7% of adults with less than a high school education. As indicated previously, primary care plays a vital role in obesity prevention, care, and treatment.¹²⁴ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 111: Adults Who Have A Personal Doctor by Education Level, St. Lucie County, 2007-2019



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

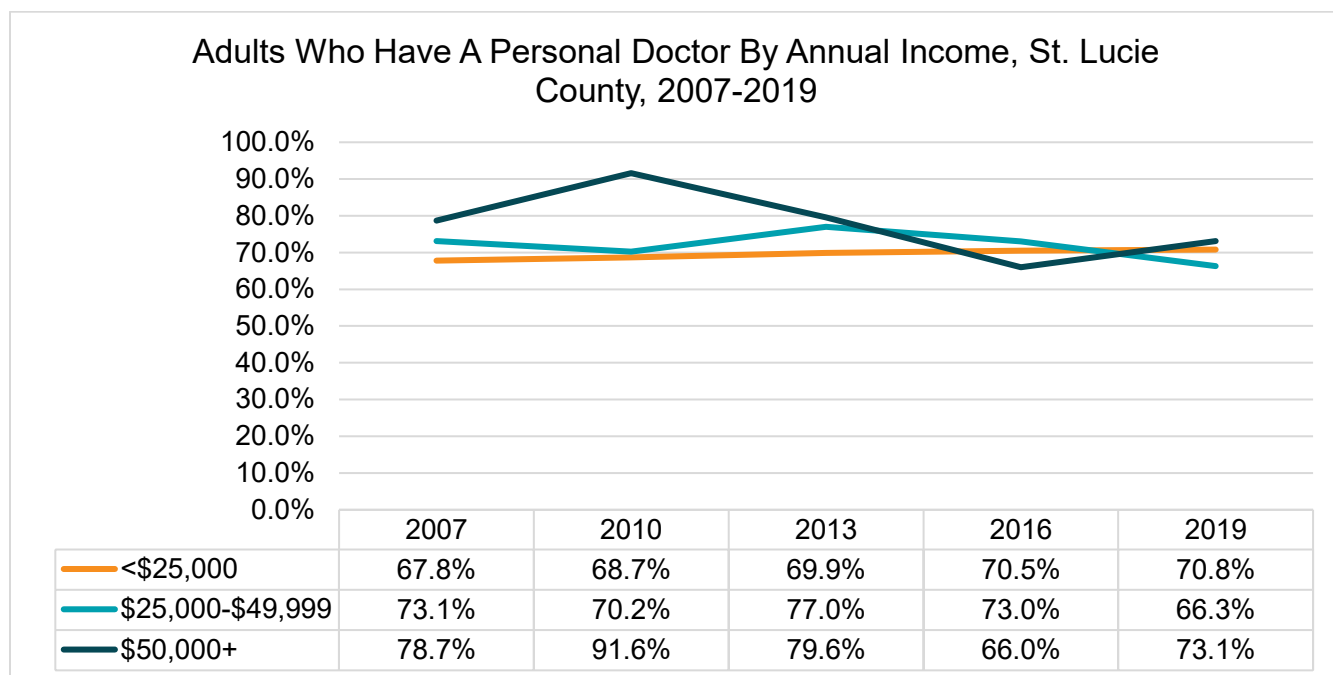
¹²⁴ Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

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The figure below shows the proportion of adults who have a personal doctor by **annual income** in St. Lucie County from 2007 to 2019. Aside from 2016, a higher proportion of adults with an annual income of more than \$50,000 had a personal doctor compared to other groups across this timeframe. In 2019, 73.1% of adults with an annual income of more than \$50,000 had a personal doctor, compared to 70.8% of adults with an annual income of less than \$25,000, and 66.3% of adults with an annual income between \$25,000 and \$49,999. As stated earlier, primary care plays a vital role in obesity prevention, care, and treatment.¹²⁵ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 112: Adults Who Have A Personal Doctor by Annual Income, St. Lucie County, 2007-2019



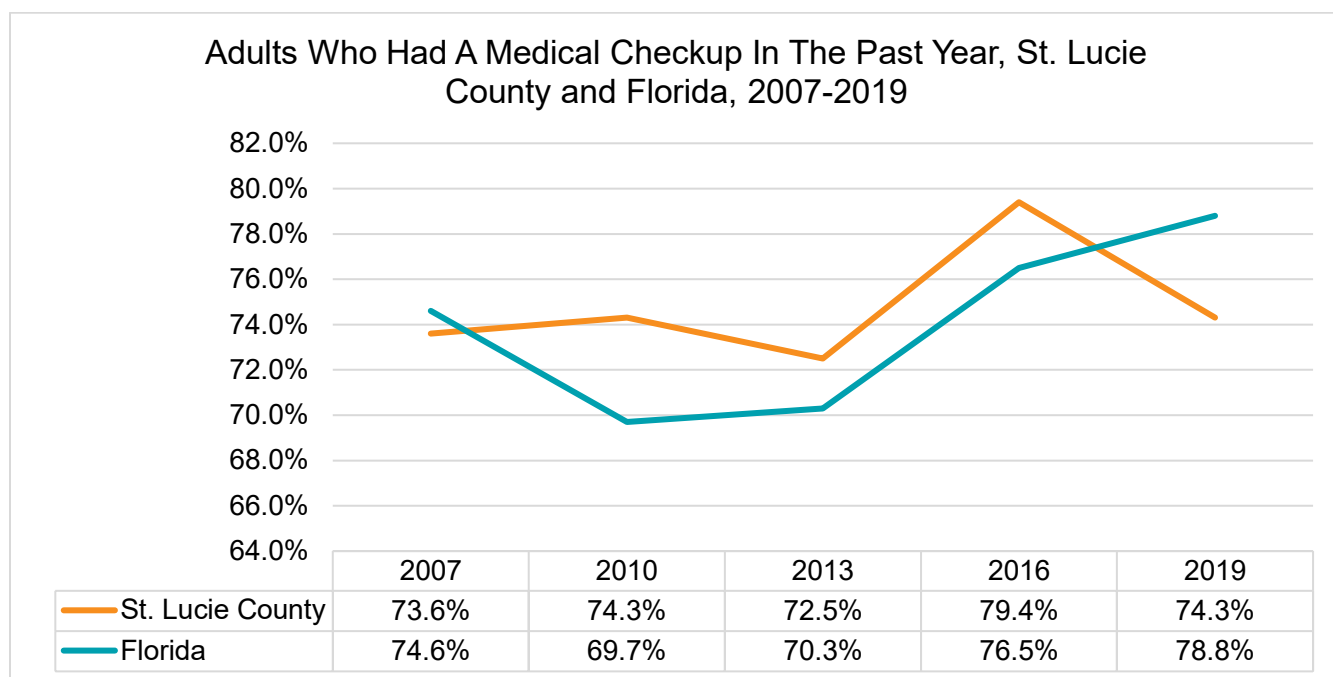
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹²⁵ Bardia, A., Holtan, S.G., et al. (2007). Diagnosis of obesity by primary care physicians and impact on obesity management. *Mayo Clinic Proceedings*. 82(8): 927-932.

Adults Who Had a Medical Checkup

The figure below shows the proportion of adults who had a medical checkup in the past year in **St. Lucie County** and **Florida** from 2007 to 2019. Despite some fluctuation, there was an overall increase in both St. Lucie County and Florida in the proportion of adults who had a medical checkup in the past year from 2007 to 2019. In 2019, 78.8% of adults in Florida had a medical checkup in the past year, compared to 74.3% of adults in St. Lucie County. Medical checkups provide an important opportunity to screen for and diagnose obesity; additionally, evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹²⁶ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 113: Adults Who Had A Medical Checkup in The Past Year, St. Lucie County and Florida, 2007-2019

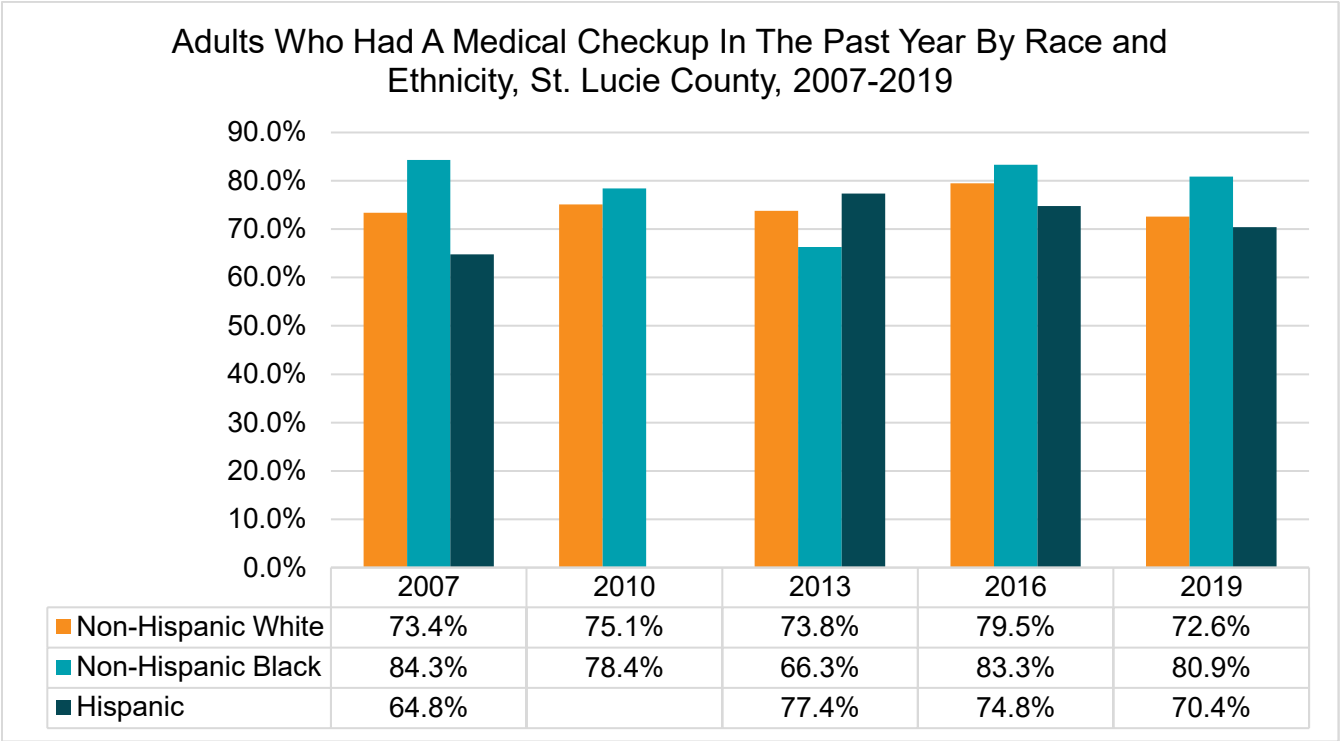


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹²⁶ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

The figure below shows the proportion of adults who had a medical checkup in the past year by **race and ethnicity** in St. Lucie County from 2007 to 2019. Importantly, data was not available for Hispanic adults in 2010. Although there was some fluctuation, the proportion of adults who had a medical checkup in the past year generally decreased among non-Hispanic White and non-Hispanic Black adults from 2007 to 2019, while it increased among Hispanic adults. In 2019, 80.9% of non-Hispanic adults had a medical checkup in the past year, compared to 72.6% of non-Hispanic White adults and 70.4% of Hispanic adults. Medical checkups provide an important opportunity to screen for and diagnose obesity; and evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹²⁷ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 114: Adults Who Had A Medical Checkup in The Past Year by Race and Ethnicity, St. Lucie County, 2007-2019

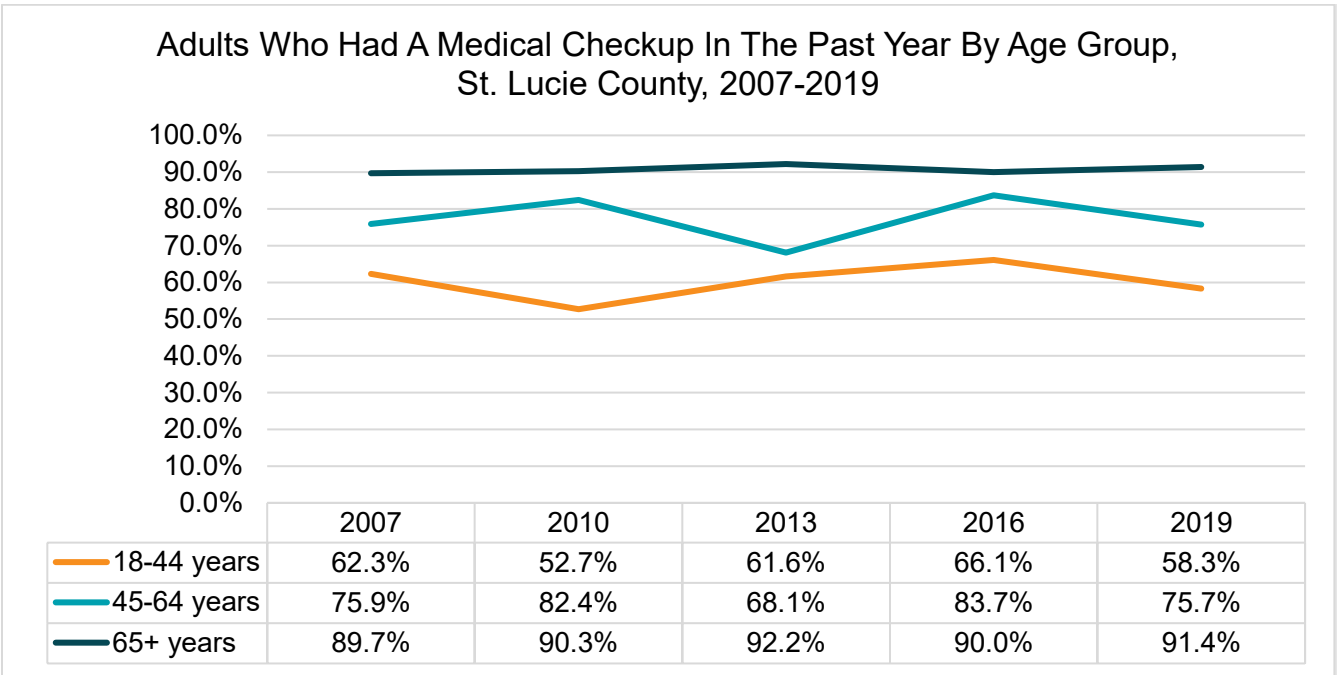


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹²⁷ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

The figure below shows the proportion of adults who had a medical checkup in the past year by **age group** in St. Lucie County from 2007 to 2019. Although there was some fluctuation, the proportion of adults aged 65 years and over who had a medical checkup in the past year exceeded that of adults aged 18 to 44 years and 45 to 64 years each year. In 2019, 91.4% of adults aged 65 years and over had a medical checkup in the past year, compared to 75.7% of adults aged 45 to 64 years and 58.3% of adults aged 18 to 44 years. Medical checkups provide an important opportunity to screen for and diagnose obesity; moreover, evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹²⁸ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 115: Adults Who Had A Medical Checkup in The Past Year by Age Group, St. Lucie County, 2007-2019

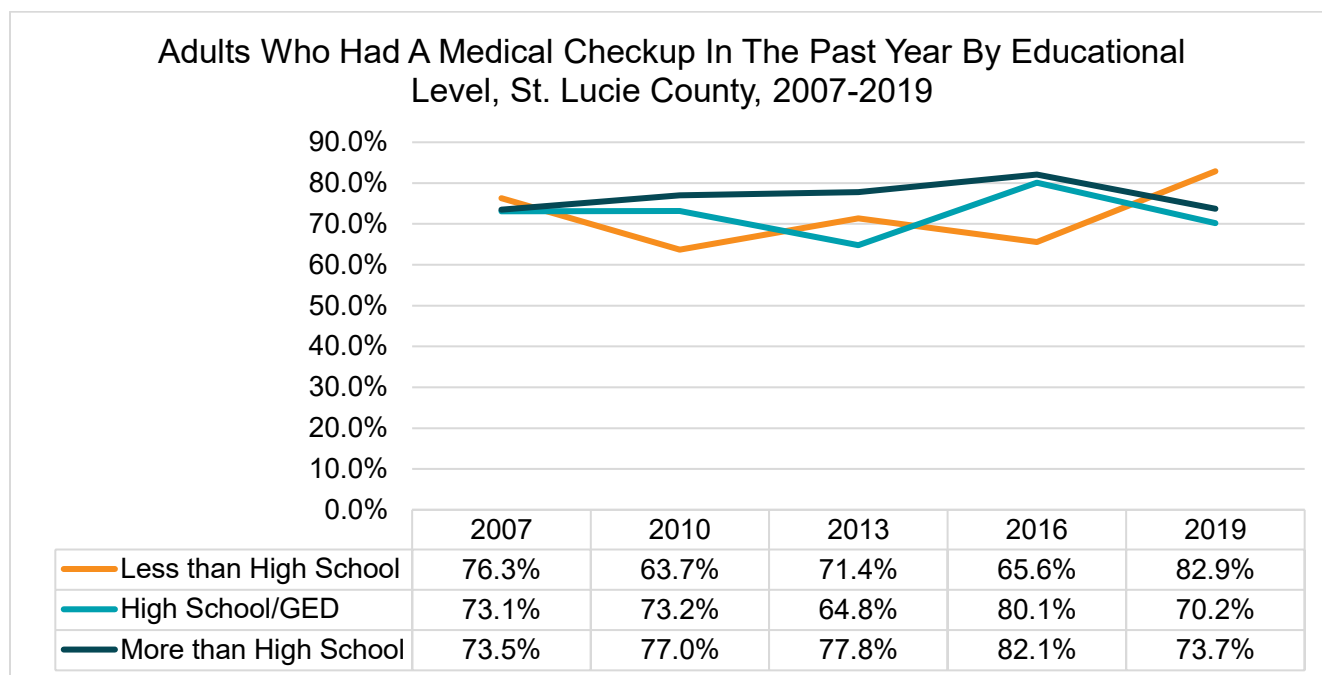


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹²⁸ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

The figure below shows the proportion of adults who had a medical checkup in the past year by **educational level** in St. Lucie County from 2007 to 2019. In 2019, 82.9% of adults with less than a high school education had a medical checkup in the past year, compared to 73.7% of adults with more than a high school education, and 70.2% of adults with less than a high school education. Medical checkups provide an important opportunity to screen for and diagnose obesity; furthermore, evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹²⁹ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 116: Adults Who Had A Medical Checkup in The Past Year by Educational Level, St. Lucie County, 2007-2019

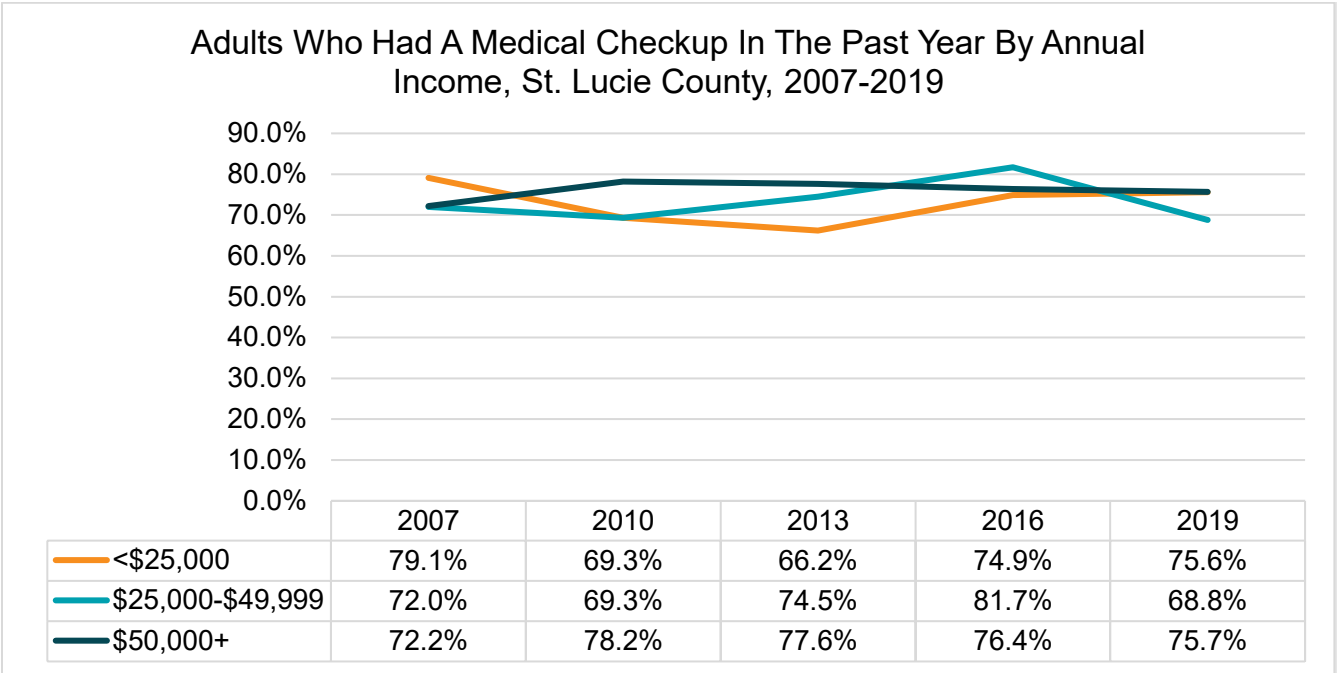


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹²⁹ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

The figure below shows the proportion of adults who had a medical checkup in the past year by **annual income** in St. Lucie County from 2007 to 2019. In 2019, 75.7% of adults who made over \$50,000 had a medical checkup in the past year, followed closely by 75.6% of adults who made less than \$25,000. Adults who made \$25,000 to \$49,999 accounted for the lowest proportion of adults who had a medical checkup in the past year (68.8%). As stated earlier, medical checkups provide an important opportunity to screen for and diagnose obesity; and evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹³⁰ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 117: Adults Who Had A Medical Checkup in The Past Year by Annual Income, St. Lucie County, 2007-2019



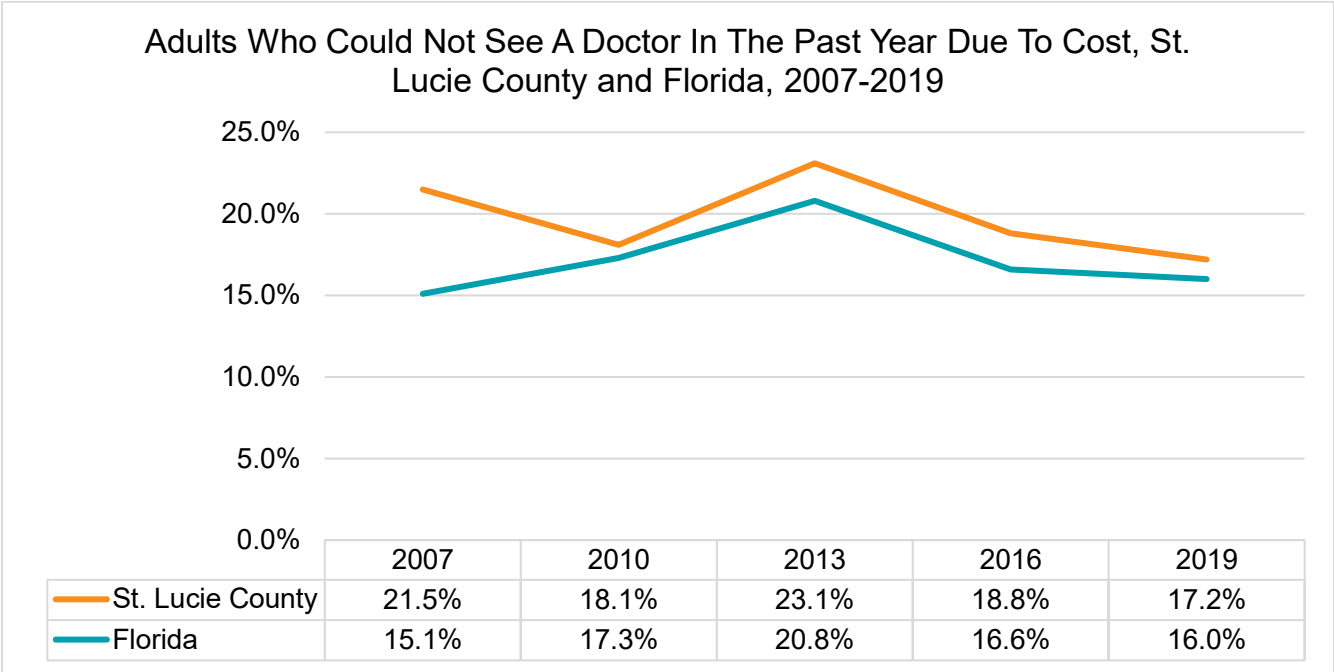
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹³⁰ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

Adults Who Could Not See a Doctor in the Past Year Due to Cost

The figure below shows the proportion of adults who could not see a doctor in the past year due to cost in **St. Lucie County** and **Florida** from 2007 to 2019. Each year, the proportion of adults who could not see the doctor in the past year due to cost in St. Lucie County exceeded the proportion in the state. In 2019, 17.2% of adults in St. Lucie County could not see a doctor in the past year due to cost, compared to 16.0% of adults in Florida. As previously indicated, medical checkups provide an important opportunity to screen for and diagnose obesity; moreover, evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹³¹ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 118: Adults Who Could Not See A Doctor in The Past Year Due to Cost, St. Lucie County and Florida, 2007-2019

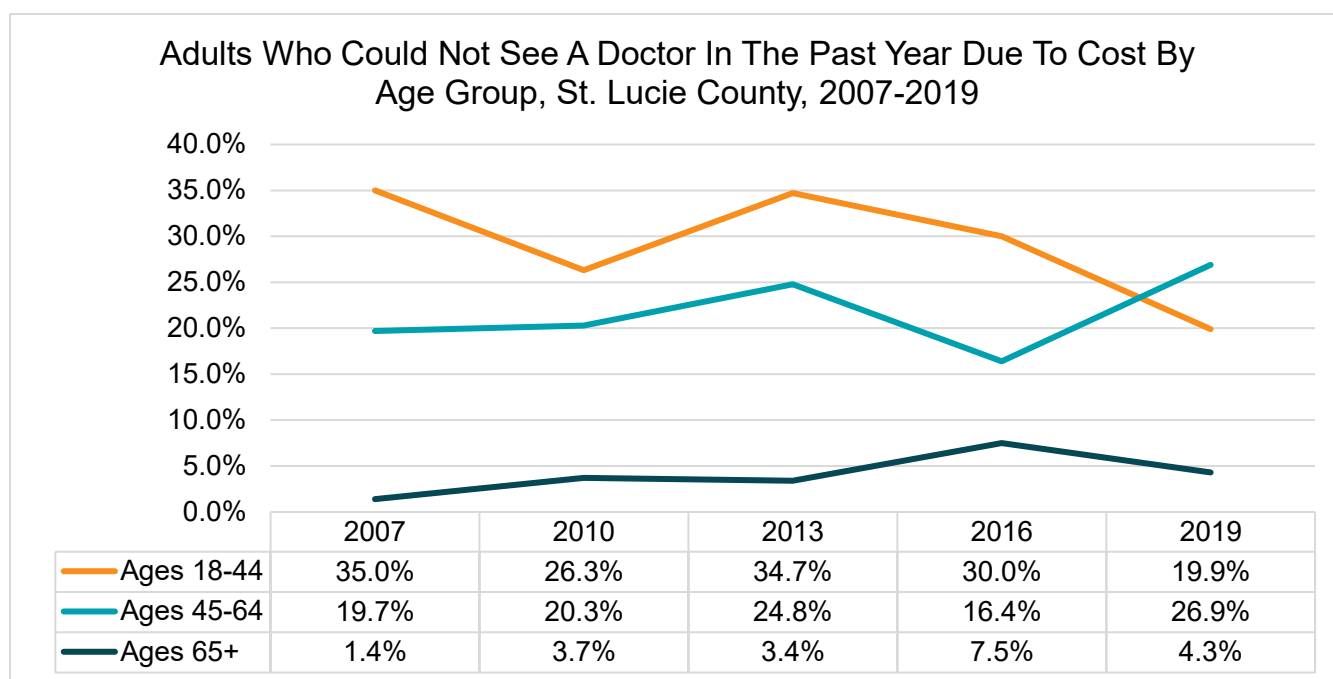


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹³¹ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

The figure below shows the proportion of adults who could not see a doctor in the past year due to cost by **age group** in St. Lucie County from 2007 to 2019. Each year, except for 2019, the proportion of adults aged 18 to 44 years who could not see a doctor in the past year due to cost exceeded the proportion among adults aged 45 to 64 years and among adults aged 65 years and over. In 2019, 26.9% of adults aged 45 to 64 years could not see a doctor in the past year due to cost, compared to 19.9% of adults aged 18 to 44 years and just 4.3% of adults aged 65 years and older. As indicated previously, medical checkups provide an important opportunity to screen for and diagnose obesity; and evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹³² The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 119: Adults Who Could Not See A Doctor In The Past Year Due to Cost by Age Group, St. Lucie County, 2007-2019

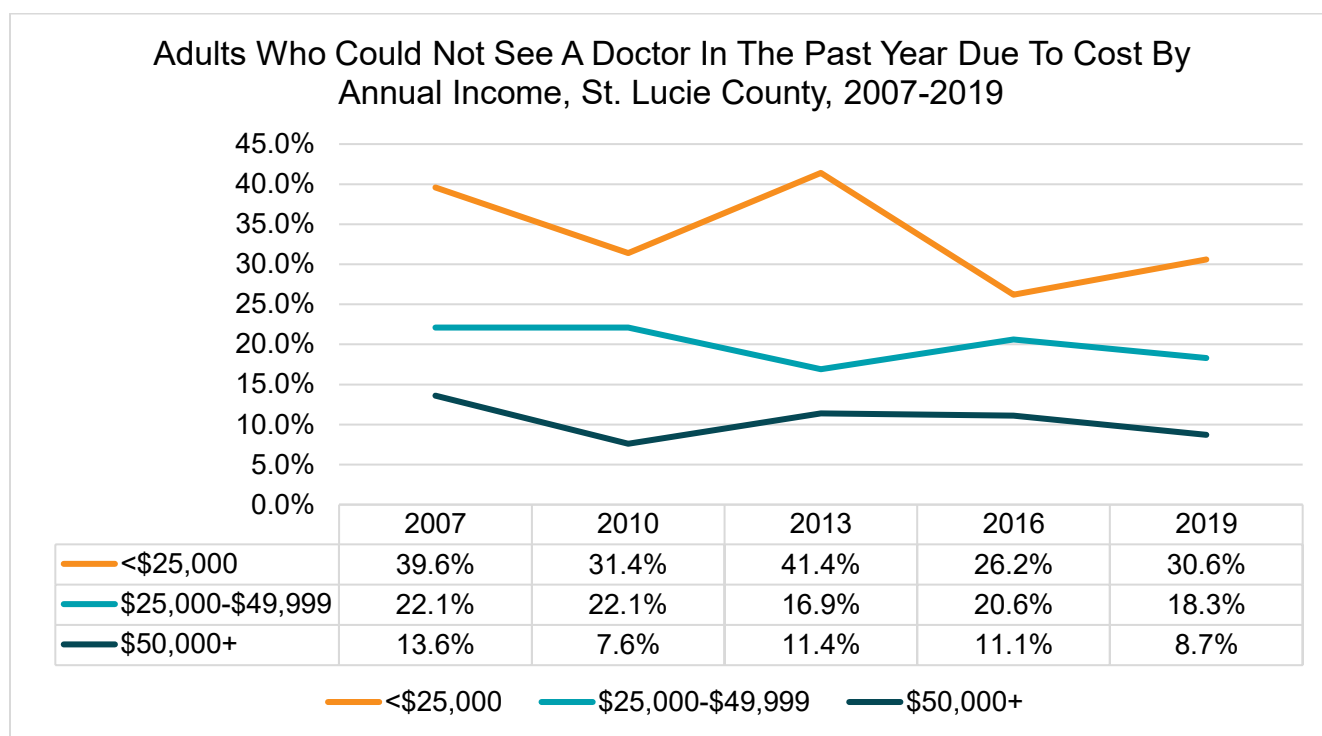


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹³² Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

The figure below shows the proportion of adults who could not see a doctor in the past year due to cost by **annual income** in St. Lucie County from 2007 to 2019. Each year, the proportion of adults with an annual income of less than \$25,000 who did not see a doctor in the past year due to cost exceeded that of adults with an annual income of \$25,000 to \$49,999 and adults with an annual income of over \$50,000. In 2019, 30.6% of adults who made less than \$25,000 could not see a doctor in the past year due to cost, compared to 18.3% of adults who made \$25,000 to \$49,999 and 8.7% of adults who made over \$50,000. Medical checkups provide an important opportunity to screen for and diagnose obesity; additionally, evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹³³ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 120: Adults Who Could Not See A Doctor In The Past Year Due To Cost by Annual Income, St. Lucie County, 2007-2019



Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

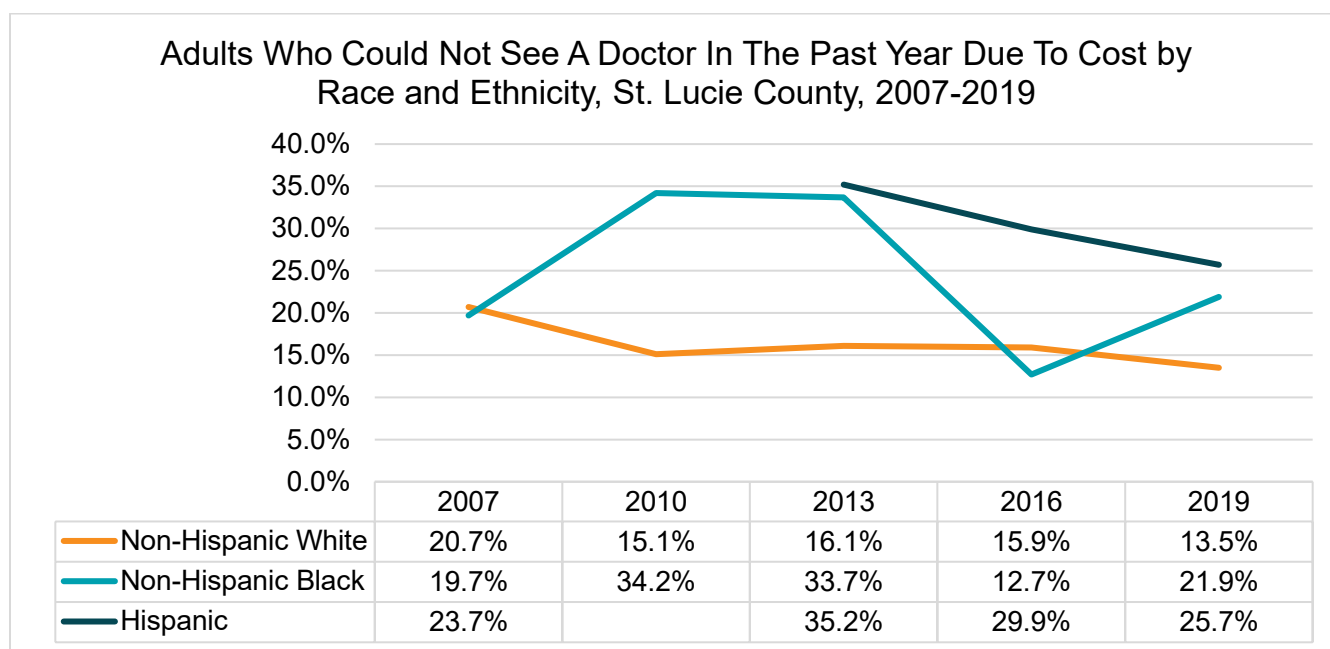
¹³³ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

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The figure below shows the proportion of adults who could not see a doctor in the past year due to cost by **race and ethnicity** in St. Lucie County from 2007 to 2019. Although there was fluctuation, the proportion of Hispanic adults who could not see a doctor in the past year due to cost exceeded the proportion of non-Hispanic White and non-Hispanic Black adults each year. Notably, this information was not available for Hispanic adults in 2010. In 2019, 25.7% of Hispanic adults could not see a doctor in the past year due to cost, compared to 21.9% of non-Hispanic Black adults and just 13.5% of non-Hispanic White adults. Medical checkups provide an important opportunity to screen for and diagnose obesity and evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹³⁴ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 121: Adults Who Could Not See A Doctor In The Past Year Due To Cost by Race and Ethnicity, St. Lucie County, 2007-2019

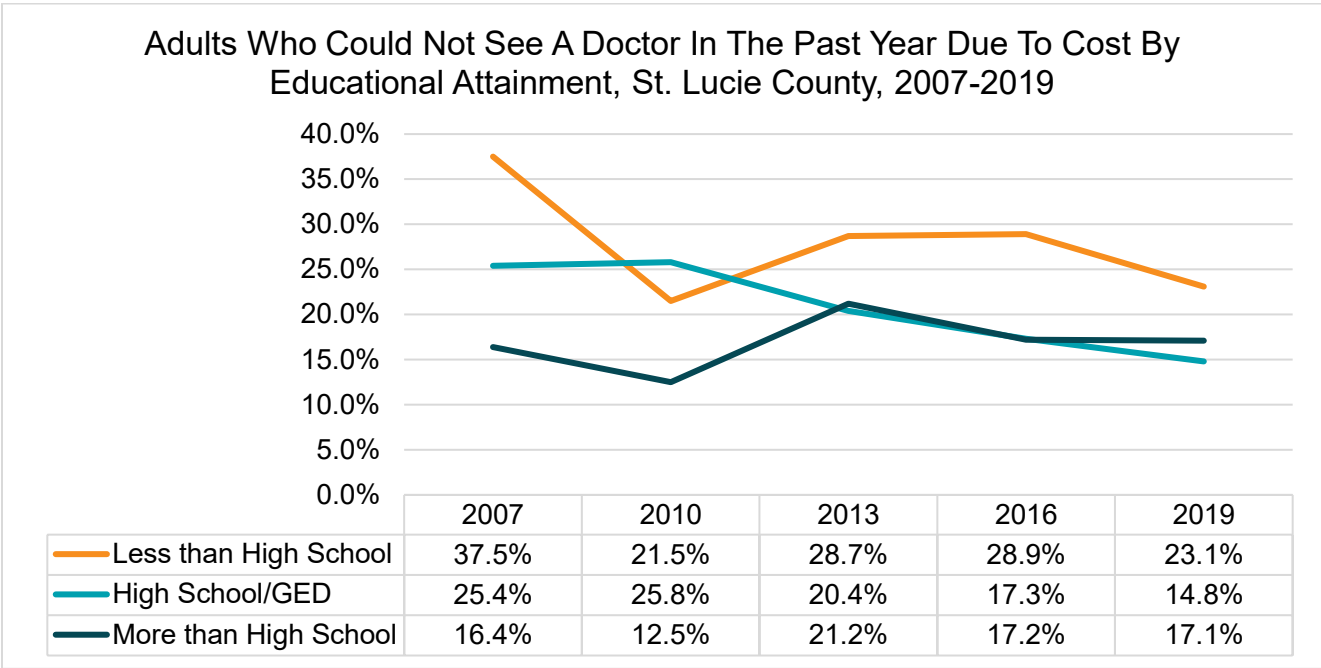


Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹³⁴ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

The figure below shows the proportion of adults who could not see a doctor in the past year due to cost by **educational attainment** in St. Lucie County from 2007 to 2019. Notably, each year except for 2010, a higher proportion of residents with less than a high school education could not see a doctor in the past year due to cost. Most recently in 2019, 23.1% of adults with less than a high school education could not see a doctor in the past year due to cost, compared to 17.1% of adults with more than a high school education and 14.8% of adults with a high school diploma or GED. Medical checkups provide an opportunity to screen for and diagnose obesity and evidence demonstrates that individuals who receive a diagnosis are two times more likely to try to lose weight.¹³⁵ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 122: Adults Who Could Not See A Doctor In The Past Year Due To Cost by Educational Attainment, St. Lucie County, 2007-2019



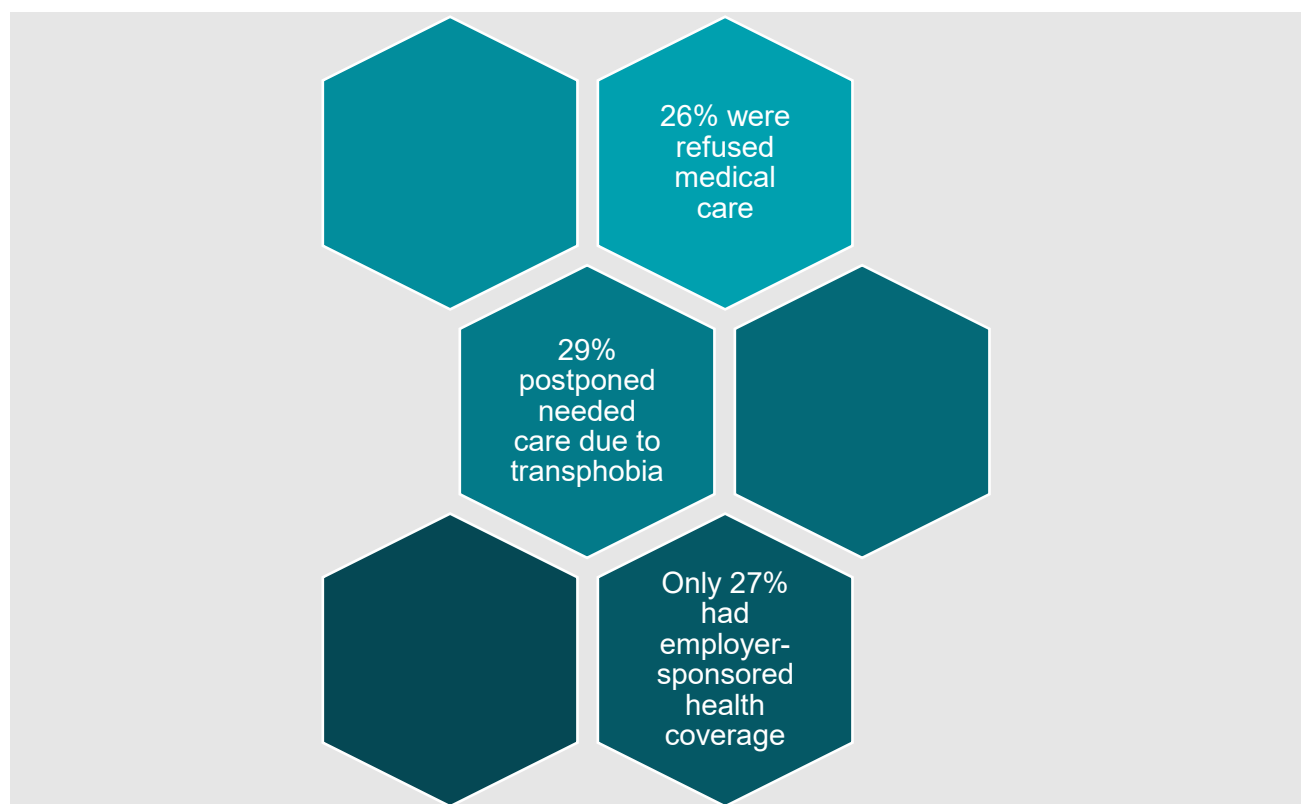
Source: Florida Behavioral Risk Factor Surveillance System telephone survey conducted by the Centers for Disease Control and Prevention (CDC) and Florida Department of Health Division of Community Health Promotion, 2007-2019

¹³⁵ Kahan, S.I (2018). Practical strategies for engaging individuals with obesity in primary care. *Mayo Clinic Proceedings*. 93(3): 351-359.

Health Care Discrimination Among Residents of Trans Experience

Unfortunately, county and state data related to health care service access for the **LGBTQ+** population is not currently available. However, in 2012, the National Transgender Discrimination Survey found that 26% of Florida residents of trans experience were refused medical care and 29% postponed medical care when they needed it due to previous experiences of discrimination. Notably, only 27% had employer-sponsored health coverage, compared to 59% of the state's general population.¹³⁶ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities, including among residents of trans experience.

Figure 123: Health Care Discrimination among Residents of Trans Experience, Florida, 2012



Source: National Center for Transgender Equality and the National Gay and Lesbian Task Force, National Transgender Discrimination Survey, 2012

¹³⁶ National Center for Transgender Equality and the National Gay and Lesbian Task Force. 2012. Florida Results. Retrieved from: https://transequality.org/sites/default/files/docs/resources/ntds_state_fl.pdf

Medically Underserved Populations and Areas

The figure below shows the **Medically Underserved Populations and Areas** in St. Lucie County. Medically Underserved Areas/Populations are areas or populations designated by HRSA as having too few primary care providers, high infant mortality, high poverty or a high elderly population.¹³⁷ MUA/P scores utilize an Index of Medical Underservice (IMU) for designations, and these scores can range from 0-100. It is important to note that an area or population with an IMU of 62.0 or below qualifies for designation as an MUA/P. There is one Federally Medically Underserved Population and Area in St. Lucie County, with an IMU score of 53. Health care provider and resource availability are essential to obesity prevention, diagnosis, counseling, management, and treatment.¹³⁸ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 124: Medically Underserved Populations and Areas, St. Lucie County, 2022

Service Area Name	MUA/P ID	Index of Medical Underservice Score	Rural Status	Designation Date
Low Income/Migrant Farm Workers – St. Lucie County	00541	53	Non-rural	11/22/2000

Source: Health Resources and Service Administration, 2022

¹³⁷ HRSA Health Workforce. Scoring Shortage Designations. <https://bhw.hrsa.gov/workforce-shortage-areas/shortage-designation/scoring>

¹³⁸ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

Health Professional Shortage Area (HPSA)

The figure below shows the **Health Professional Shortage Areas (HPSA)** in St. Lucie County as of May 2022. There are four HPSAs in St. Lucie County, including two primary care HPSAs and two mental health HPSAs. As stated earlier, health care provider and resource availability are essential to obesity prevention, diagnosis, counseling, management, and treatment.¹³⁹ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 125: Health Professional Shortage Areas (HPSAs), St. Lucie County, As of May 2022

Health Professional Shortage Areas (HPSAs), St. Lucie County, As of May 2022						
Discipline	HPSA ID	HPSA Name	Designation Type	HPSA FTE Short	HPSA Score	Rural Status
Primary Care	1124266512	LI/MFW – St. Lucie County	Low Income Migrant Farmworker Population HPSA	21.826	9	Non-Rural
Primary Care	112999124W	Florida Community Health Centers, Inc.	Federally Qualified Health Center	-	19	Non-Rural
Mental Health	7122750541	LI – St. Lucie County	Low Income Population HPSA	5.86	17	Non-Rural
Mental Health	7129991295	Florida Community Health Centers, Inc.	Federally Qualified Health Center	-	22	Non-Rural

Source: Health Resources and Services Administration, 2022

¹³⁹ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

Health Resource Availability – Licensed Hospitals

The figure below shows the **licensed hospitals** in St. Lucie County. There are four licensed hospitals in St. Lucie County, including Cleveland Clinic Tradition Hospital, HCA Florida Lawnwood Hospital, HCA Florida St. Lucie Hospital, and Port St. Lucie Hospital. As stated earlier, health care provider and resource availability are essential to obesity prevention, diagnosis, counseling, management, and treatment.¹⁴⁰ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 126: Licensed Hospitals, St. Lucie County, 2020

Licensed Hospitals, St. Lucie County, 2020				
Hospital Name	Street Address	City	ZIP Code	Phone Number
Cleveland Clinic Tradition Hospital	10000 SW Innovation Way	Port Saint Lucie	34987	772-345-8100
HCA Florida Lawnwood Hospital	1700 S 23rd Street	Fort Pierce	34950	772-468-4500
HCA Florida St. Lucie Hospital	1800 SE Tiffany Avenue	Port Saint Lucie	34952	772-335-4000
Port St. Lucie Hospital	2550 SE Walton Road	Port Saint Lucie	34952	772-335-0400

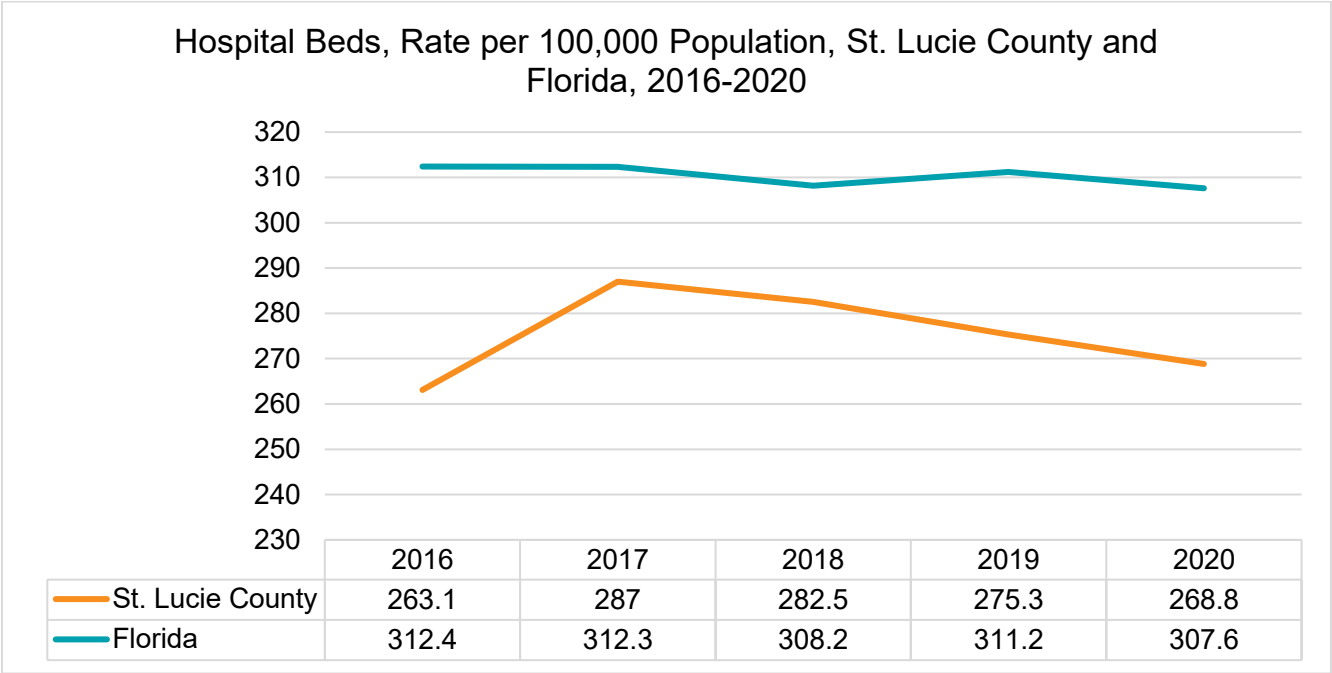
Source: Health Resources and Services Administration, 2020

¹⁴⁰ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

Hospital Beds

The figure below shows the rate of hospital beds per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2020. Each year, the rate of hospital beds per 100,000 population in Florida exceeded the rate in St. Lucie County. In 2020, the rate of hospital beds in St. Lucie County was 268.8 per 100,000 population, compared to 307.6 per 100,000 population in Florida. As stated earlier, health care provider and resource availability are essential to obesity prevention, diagnosis, counseling, management, and treatment.¹⁴¹ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 127: Hospital Beds, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2020



Source: Florida Agency for Health Care Administration (AHCA), 2016-2020

¹⁴¹ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

Licensed Nursing Homes

The figure below shows **licensed nursing homes** in St. Lucie County as of May 2022. There are seven nursing home that are licensed, one nursing home in review, and one inactive nursing home in St. Lucie County, with a total of 1,050 beds across the nine agencies. As stated earlier, health care provider and resource availability are essential to obesity prevention, diagnosis, counseling, management, and treatment.¹⁴² The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 128: Licensed Nursing Homes, St. Lucie County, As of May 2022

Licensed Nursing Homes, St. Lucie County, As of May 2022						
Name	Street Address	City	Zip	Phone	License Status	Licensed Beds
Aidan Post-Acute and Rehabilitation Center	700 S 29th Street	Fort Pierce	34947	(772) 465-7560	Licensed	79
Fort Pierce Health Care	611 S 13th St	Fort Pierce	34950-4054	(772) 464-5262	In Review	171
Gardens Of Port St Lucie	1699 Se Lyngate Drive	Port Saint Lucie	34952	(772) 335-9990	Inactive	30
Life Care Center of Port St. Lucie	3720 Se Jennings Rd	Port St Lucie	34952-7701	(772) 398-8080	Licensed	123
Palm Garden of Port St. Lucie	1751 Se Hillmoor Drive	Port Saint Lucie	34952	(772) 335-8844	Licensed	120
Palms Nursing and Rehab at Port St. Lucie	1655 Se Walton Road	Port Saint Lucie	34952	(772) 337-1333	Licensed	120
Port St. Lucie Rehabilitation and Healthcare	7300 Oleander Ave	Port St Lucie	34952-8299	(772) 466-4100	Licensed	180
Sandgate Gardens Rehab and Nursing Center	703 S 29th St	Fort Pierce	34947	(772) 466-3322	Licensed	107
Tiffany Hall Nursing and Rehab Center	1800 Se Hillmoor Drive	Port Saint Lucie	34952	(772) 337-3565	Licensed	120

Source: Health Resources and Services Administration, 2022

¹⁴² Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

Licensed Home Health Agencies

The figure below shows **licensed home health agencies** in St. Lucie County. There are 28 licensed home health agencies in St. Lucie County as of May 2022. As stated earlier, health care provider and resource availability are essential to obesity prevention, diagnosis, counseling, management, and treatment.¹⁴³ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 129: Licensed Home Health Agencies, St. Lucie County, As of May 2022

Licensed Home Health Agencies, St. Lucie County, As of May 2022				
Name	Street Address	City	Zip	Phone
A Patient's Choice Home Health LLC	1922 Se Port St Lucie Blvd	Port Saint Lucie	34952	(855) 996-7244
A Visiting Redi-Nurse	155 SW Port St Lucie Blvd Ste 106	Port Saint Lucie	34984	(772) 335-1229
AccentCare Home Health of Port St. Lucie	548 University Blvd #101	Port Saint Lucie	34986	(772) 283-2247
All Care Health & Human Services Inc	439 Se Port St Lucie Blvd. Ste 115 & 117	Port Saint Lucie	34984	(772) 785-5102
All Senior Care	2011 S 25th St Unit 207	Fort Pierce	34947	(772) 342-5599
All Ways Caring Homecare	443 NW Prima Vista Blvd. Ste. 106	Port St Lucie	34983-8731	(772) 562-7999
Alternative Medical Healthcare Services Corp	10570 S Federal Hwy 1 Ste 300	Port Saint Lucie	34952	(305) 447-8981
Carter Healthcare	1401 Se Goldtree Dr Ste 101	Port Saint Lucie	34952	(772) 337-3600
Chapters Health Home Care	291 Northwest Peacock Blvd	Port Saint Lucie	34986	(772) 261-2328
Concierge Home Care	1840 Se Port Saint Lucie Blvd Ste 1840	Port St Lucie	34952-5545	(772) 777-2749
Firstlight Homecare of The Treasure Coast	1595 Se Port St Lucie Blvd	Port St Lucie	34952-5431	(772) 206-3450
For the Love of Family Homecare LLC	1814 Se Port St Lucie Blvd	Port Saint Lucie	34952	(772) 237-2173
Home Instead Senior Care	549 NW Lake Whitney Pl Ste 106	Port Saint Lucie	34986	(772) 924-3210
Hospital Without Walls of Port St Lucie Inc	201 SW Port St Lucie Blvd Ste 106	Port Saint Lucie	34984	(772) 879-9700

¹⁴³ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

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Licensed Home Health Agencies, St. Lucie County, As of May 2022				
Name	Street Address	City	Zip	Phone
Interim Healthcare of The Treasure Coast Inc	6905 NW LTC Parkway	Port Saint Lucie	34986	(772) 410-5624
Kindred at Home	525 NW Lake Whitney Pl Ste 106	Port Saint Lucie	34986-1605	(772) 223-2116
Mihom Healthcare Inc	2100 Se Hillmoor Dr Ste 102	Port Saint Lucie	34952	(772) 873-3838
Nurse on Call	590 NW Peacock Blvd Ste 12	Port St Lucie	34986-2213	(772) 337-6610
Options Home Health	160 NW Central Park Plz Ste 101	Port St Lucie	34986-1825	(772) 785-8344
Pinnacle Home Care	579 NW Lake Whitney Pl Ste 103	Port St Lucie	34986-1622	(772) 781-3006
Preferred Care at Home of Indian River & St. Lucie	108 N Depot Dr Ste 203	Fort Pierce	34950-4420	(772) 300-9030
Preferred Private Care LLC	540 NW University Blvd Ste 206	Port Saint Lucie	34986	(772) 465-0500
Redi-Nurse of The Treasure Coast	155 SW Port St Lucie Blvd Ste 107	Port Saint Lucie	34984	(772) 335-1229
The Roads Home Health Palm Beach	638 Ne Jensen Beach Blvd	Jensen Beach	34957	(772) 266-8961
Treasure Coast Homecare Specialists LLC	800 Virginia Ave S37b	Fort Pierce	34982	(772) 494-5220
Trilogy Home Healthcare	549 NW Lake Whitney Pl Ste 201-206	Port Saint Lucie	34986	(772) 621-2701
Unity Home Care & Multiservices LLC	608 N Us Hwy 1	Fort Pierce	34950	(772) 971-7084
Visiting Angels	10570 S Federal Hwy 1 Ste 300	Port Saint Lucie	34952	(772) 408-9337

Source: Health Resources and Services Administration, 2022

Federally Qualified Health Centers

The figure below shows Federally Qualified Health Centers in **St. Lucie County**. Federally Qualified Health Centers (FQHC) are community-based health care centers that offer primary care services in underserved areas.¹⁴⁴ In St. Lucie County, there are eight FQHCs, including seven operated by Florida Community Health Center, Inc. (FCHC) and one operated by Whole Family Health Center. As stated earlier, health care provider and resource availability are essential to obesity prevention, diagnosis, counseling, management, and treatment.¹⁴⁵ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 130: Federally Qualified Health Centers (FQHCs), St. Lucie County, As of May 2022

Federally Qualified Health Centers (FQHCs), St. Lucie County, As of May 2022					
Health Center Name	Street Address	City	ZIP Code	Telephone Number	Website
Florida Community Health Center - Darwin Square	3235 SW Port St Lucie Blvd STE 105	Port St Lucie	34953-3405	772-408-5063 x335	www.fchcinc.org
Florida Community Health Centers, Inc. - Port St. Lucie Children	1701 SE Hillmoor Dr Ste 19	Port St Lucie	34952-7552	772-335-8455	www.fchcinc.org
Florida Community Health Centers, Inc - Port St. Lucie Women & Children	9576 S US Highway 1 BLDG	Port St Lucie	34952-4217	561-844-9443 x1000	www.fchc.inc.org
Florida Community Health Centers, Inc. Mobile Unit 1	9576 S US Highway 1	Port St Lucie	34952-4217	561-844-9443	www.fchcinc.org
Florida Community Health Centers, Inc.- Grace Women's Health	2402 Frist Blvd STE 202	Fort Pierce	34950-4838	772-429-3400	www.fchcinc.org
Florida Community Health Centers, Inc.- Fort Pierce	1505 Delaware Ave	Fort Pierce	34950-3975	772-461-1402	www.fchcinc.org
Florida Community Health Centers Inc.- Lincoln Park	3090 Avenue G	Fort Pierce	34947	561-844-9443	www.fchcinc.org
Whole Family Health Center	725 N US Highway 1	Fort Pierce	34950-9125	772-468-9900	www.wfhcfl.org

Source: HRSA Data Warehouse, 2022

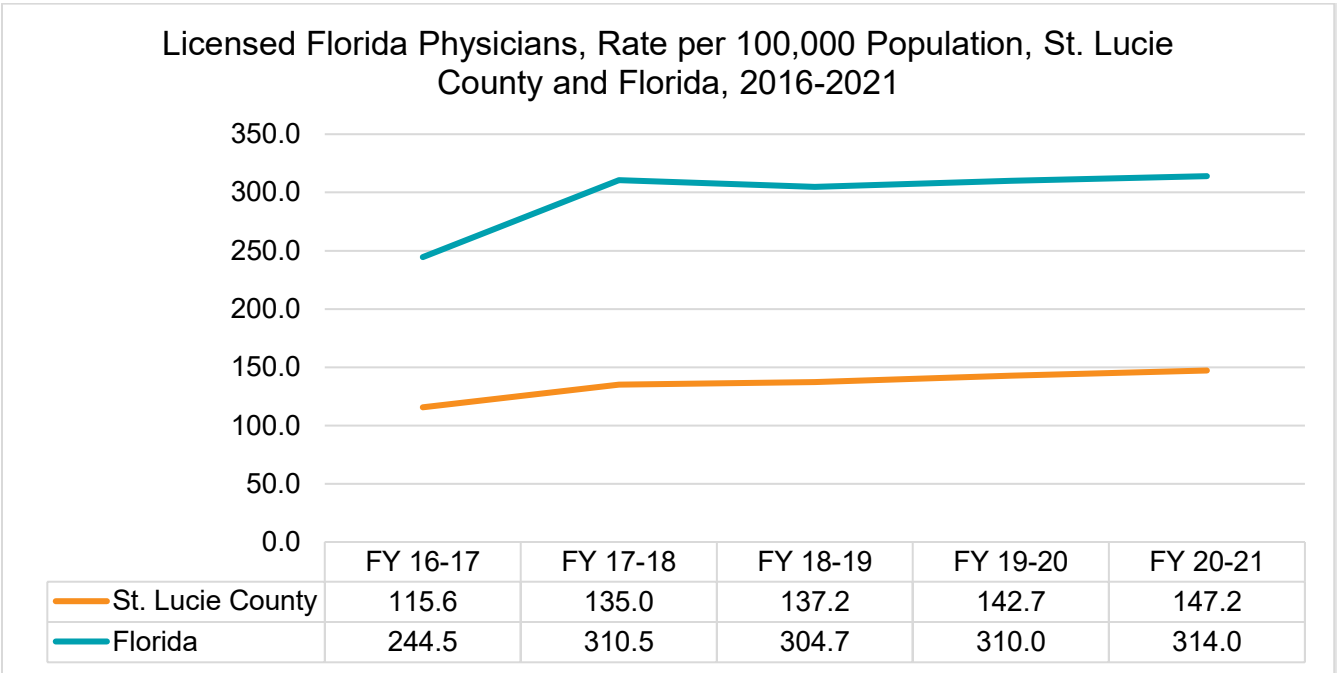
¹⁴⁴ HRSA. (2018). Federally qualified health centers. Retrieved from <https://www.hrsa.gov/opa/eligibility-and-registration/health-centers/fqhc/index.html>

¹⁴⁵ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

Provider Availability

The figure below shows the rate of licensed Florida physicians per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. St. Lucie County had a lower rate of licensed Florida physicians per 100,000 population compared to the state across this timeframe. In Fiscal Year (FY) 2020-2021, the rate of licensed Florida physicians in St. Lucie County was 147.2 per 100,000 population, compared to 314.0 per 100,000 population in Florida. The accessibility and availability of medically providers, especially those trained in obesity management, is imperative for the improvement of obesity-related health outcomes.¹⁴⁶ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 131: Licensed Florida Physicians, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021

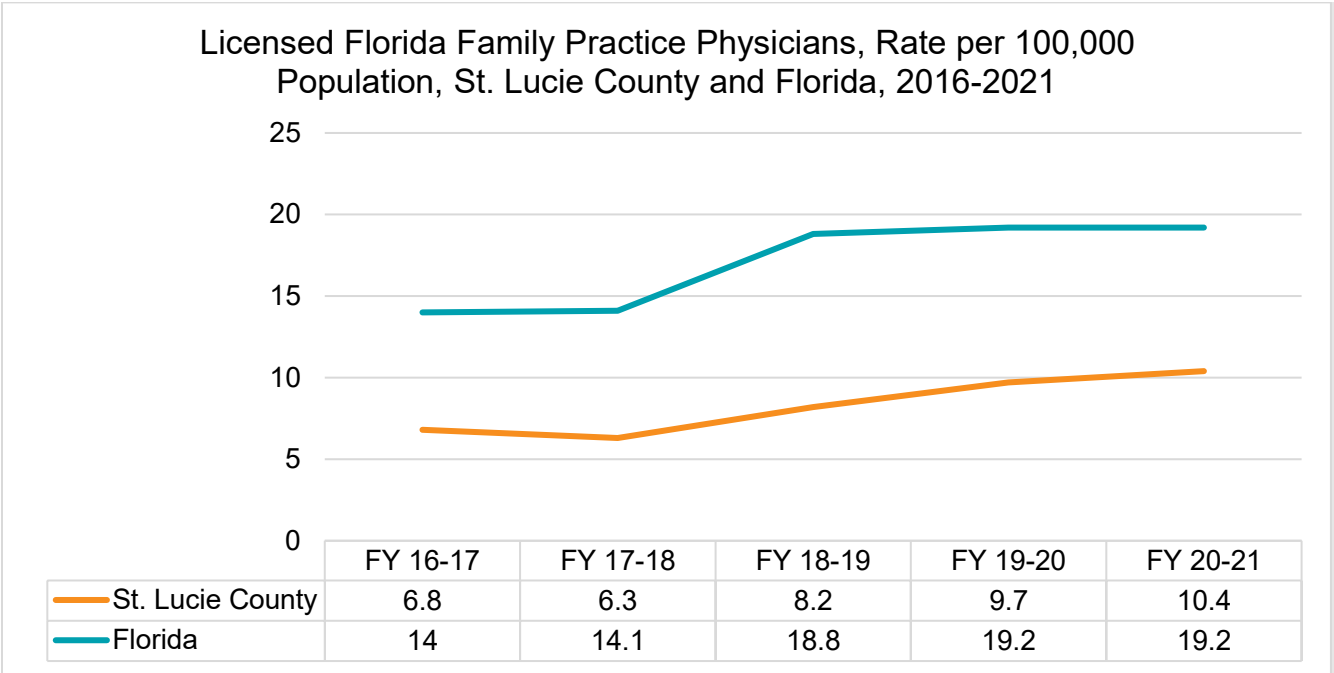


Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

¹⁴⁶ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

The figure below shows the rate of licensed Florida family practice physicians per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. Although St. Lucie County reported a lower rate of licensed Florida family practice physicians per 100,000 population across this timeframe, both areas reported an overall increase in these figures between 2016 and 2021. In FY 2020-2021, the rate of licensed Florida family practice physicians in St. Lucie County reached 10.4 per 100,000 population compared to 19.2 per 100,000 population in Florida. The accessibility and availability of medically providers, especially those trained in obesity management, is imperative for the improvement of obesity-related health outcomes.¹⁴⁷ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 132: Licensed Florida Family Practice Physicians, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021

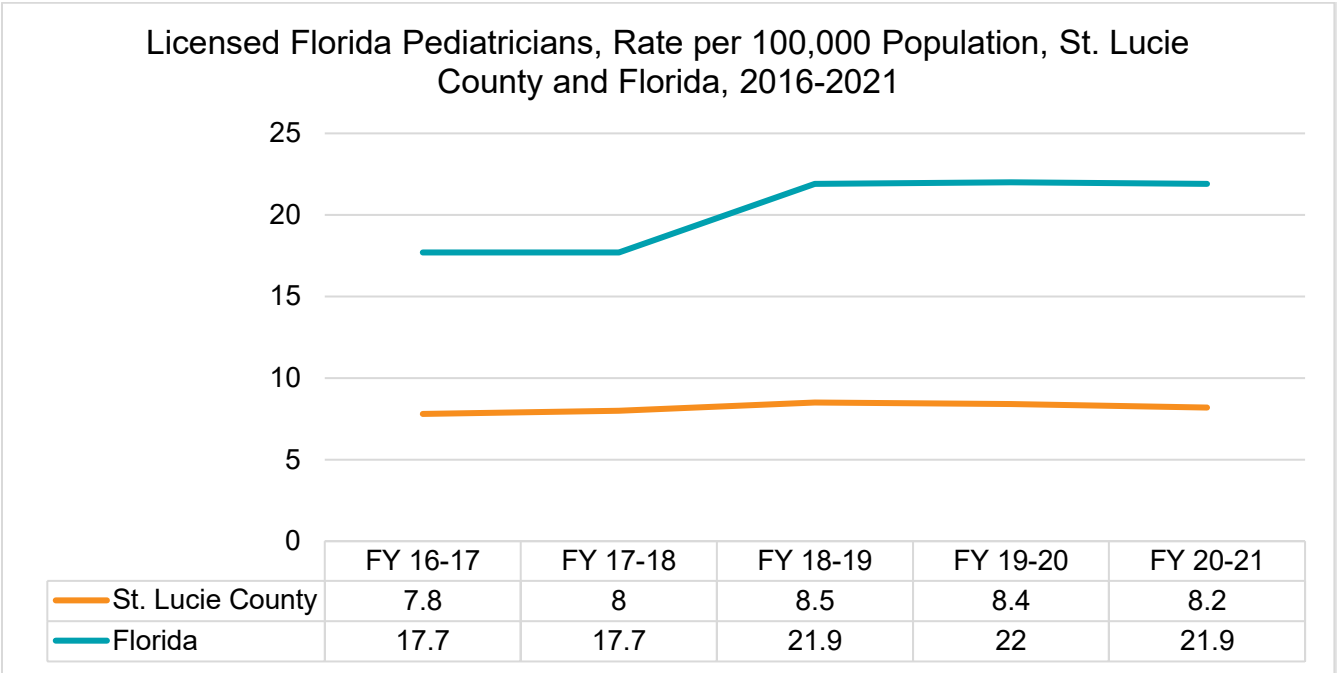


Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

¹⁴⁷ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

The figure below shows the rate of licensed Florida pediatricians per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. Although St. Lucie County reported a lower rate of licensed Florida pediatricians per 100,000 population compared to the state, both areas reported an overall increase from 2016 to 2021. In FY 2020-2021, the rate of licensed Florida pediatricians in St. Lucie County was 8.2 per 100,000 population, compared to 21.9 per 100,000 population in Florida. As stated earlier, the accessibility and availability of medically providers, especially those trained in obesity management, is imperative for the improvement of obesity-related health outcomes.¹⁴⁸ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 133: Licensed Florida Pediatricians, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021

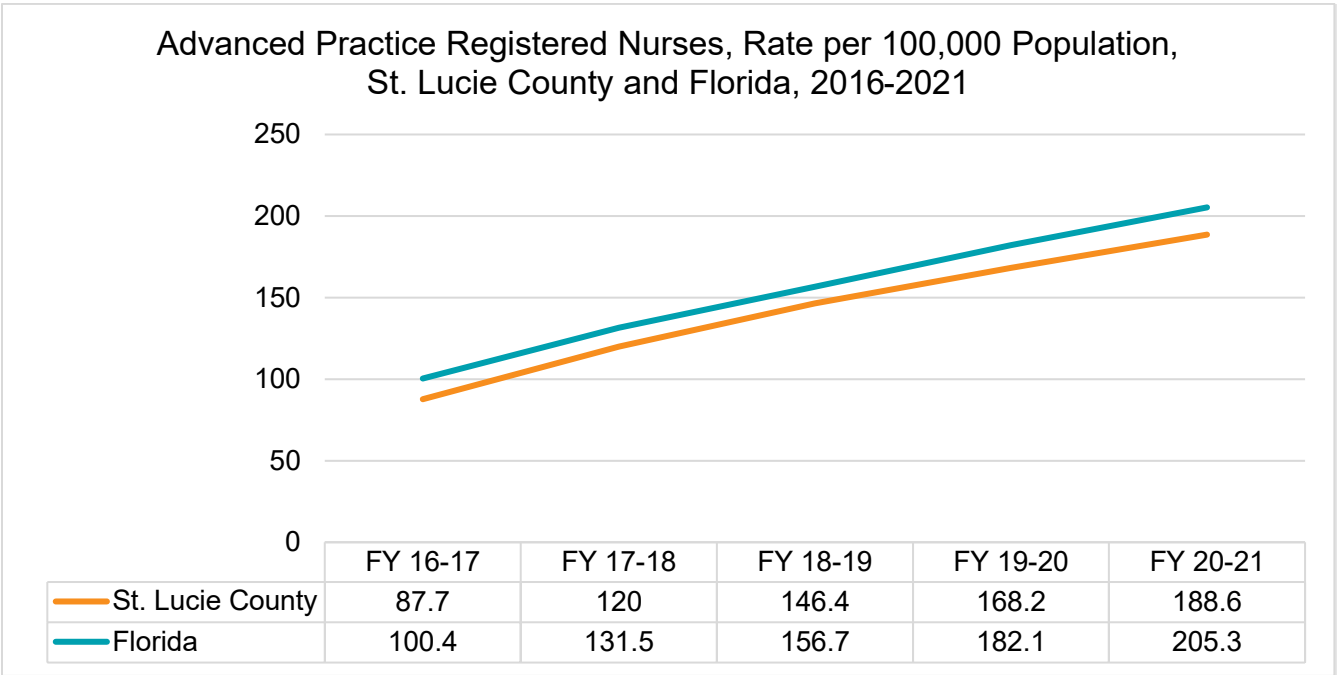


Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

¹⁴⁸ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

The figure below shows the rate of advanced practice registered nurses per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. Across this timeframe, St. Lucie County reported a lower rate of advanced practice registered nurses per 100,000 population as compared to the state of Florida. Notably, St. Lucie County and Florida both reported an overall increase in the rate of advanced practice registered nurses from 2016 to 2021. In FY 2020-2021, the rate of advanced practice registered nurses in St. Lucie County was 188.6 per 100,000 population, compared to 205.3 per 100,000 population in Florida. As previously indicated, the accessibility and availability of medically providers, especially those trained in obesity management, is imperative for the improvement of obesity-related health outcomes.¹⁴⁹ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 134: Advanced Practice Registered Nurses, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021

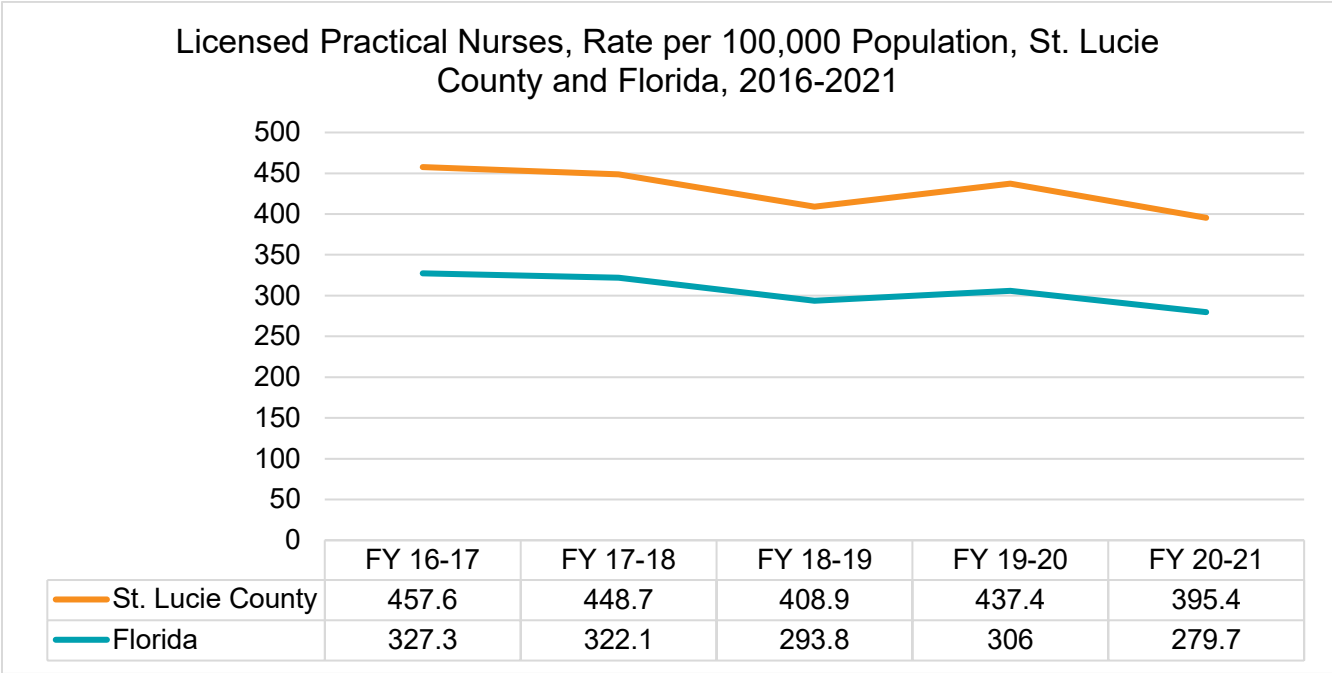


Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

¹⁴⁹ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

The figure below shows the rate of licensed practical nurses per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. Across this timeframe, St. Lucie County reported a higher rate of licensed practical nurses per 100,000 population as compared to the state. Notably, both St. Lucie County and Florida experienced an overall decrease in the rate of licensed practical nurses from 2016 to 2021. In FY 2020-2021, the rate of licensed practical nurses in St. Lucie County was 395.4 per 100,000 population, compared to 279.7 per 100,000 population in Florida. As stated earlier, the accessibility and availability of medically providers, especially those trained in obesity management, is imperative for the improvement of obesity-related health outcomes.¹⁵⁰ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 135: Licensed Practical Nurses, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021

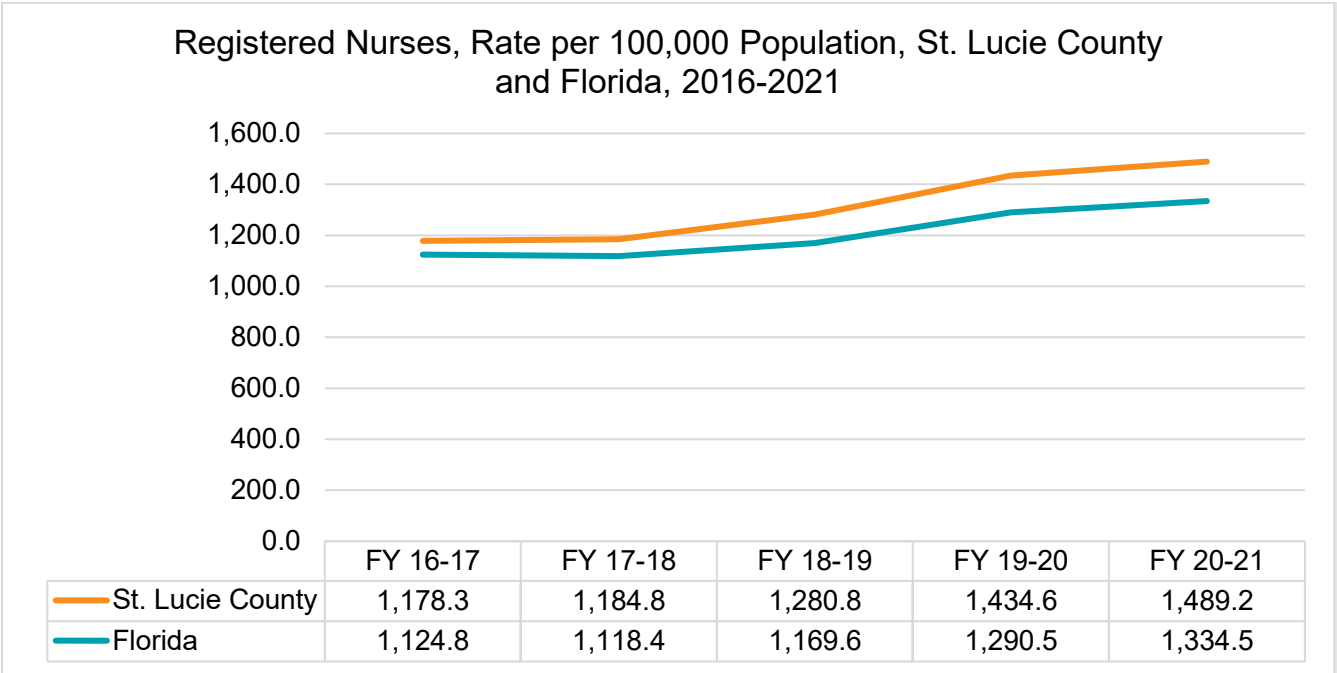


Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

¹⁵⁰ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

The figure below shows the rate of registered nurses per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. Each year, the rate of registered nurses in St. Lucie County exceeded that of Florida's. Notably, both St. Lucie County and Florida experienced an overall increase in the rate of Registered Nurses per 100,000 population from 2016 to 2021. In FY 2020-2021, the rate of registered nurses per 100,000 population in St. Lucie County reached 1,489.2 compared to 1,334.5 per 100,000 population in Florida. As stated earlier, the accessibility and availability of medically providers, especially those trained in obesity management, is imperative for the improvement of obesity-related health outcomes.¹⁵¹ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 136: Registered Nurses, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021



Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

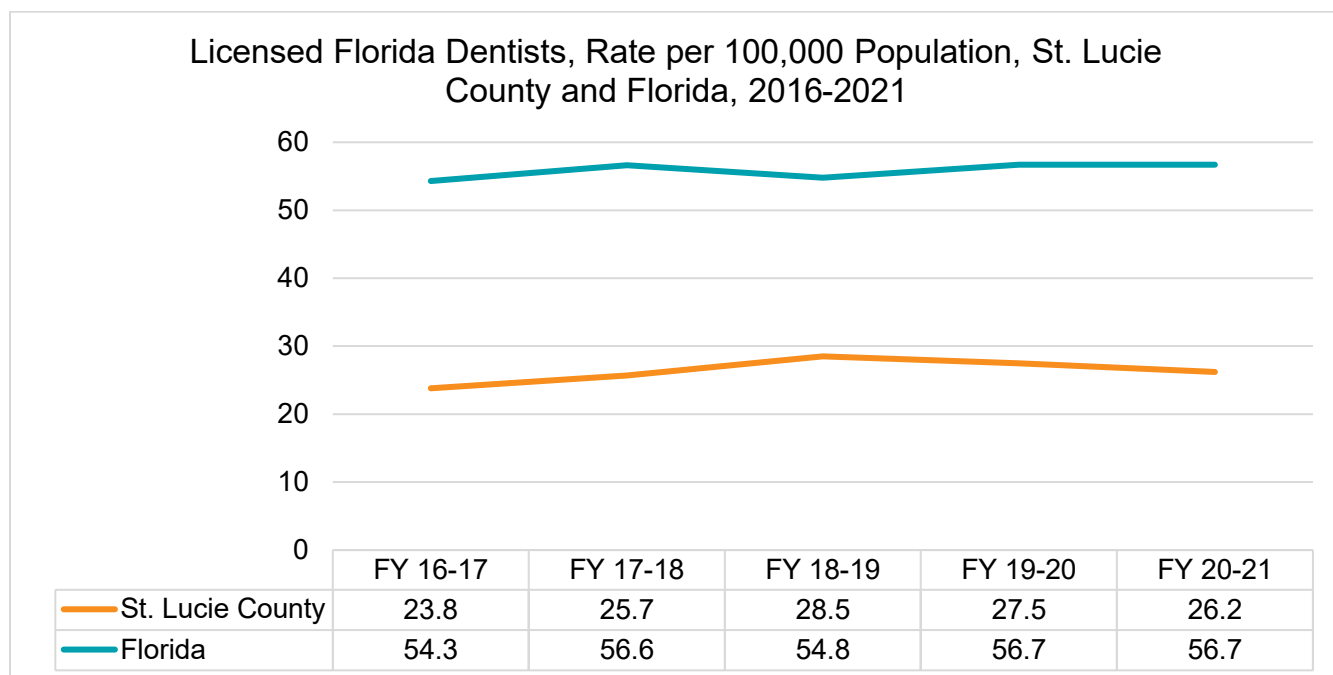
¹⁵¹ Pollack, C.C., Onega, T. et al. (2022). A national evaluation of geographic accessibility and provider availability of obesity medicine diplomates in the United States between 2011 and 2019. *International Journal of Obesity*. 46: 669-675.

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The figure below shows the rate of licensed Florida dentists, rate per 100,000 population, in **St. Lucie County** and **Florida** from 2016 to 2021. St. Lucie County reported a lower rate of licensed Florida dentists per 100,000 population compared to the state across this timeframe. In FY 2020-2021, the rate of licensed Florida dentists in St. Lucie County was 26.2 per 100,000 population, compared to 56.7 per 100,000 population in Florida. Evidence shows that individuals who experience obesity are also likely to suffer from oral health conditions, such as tooth erosion, periodontal disease, and dental caries.¹⁵² The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities.

Figure 137: Licensed Florida Dentists, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021



Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

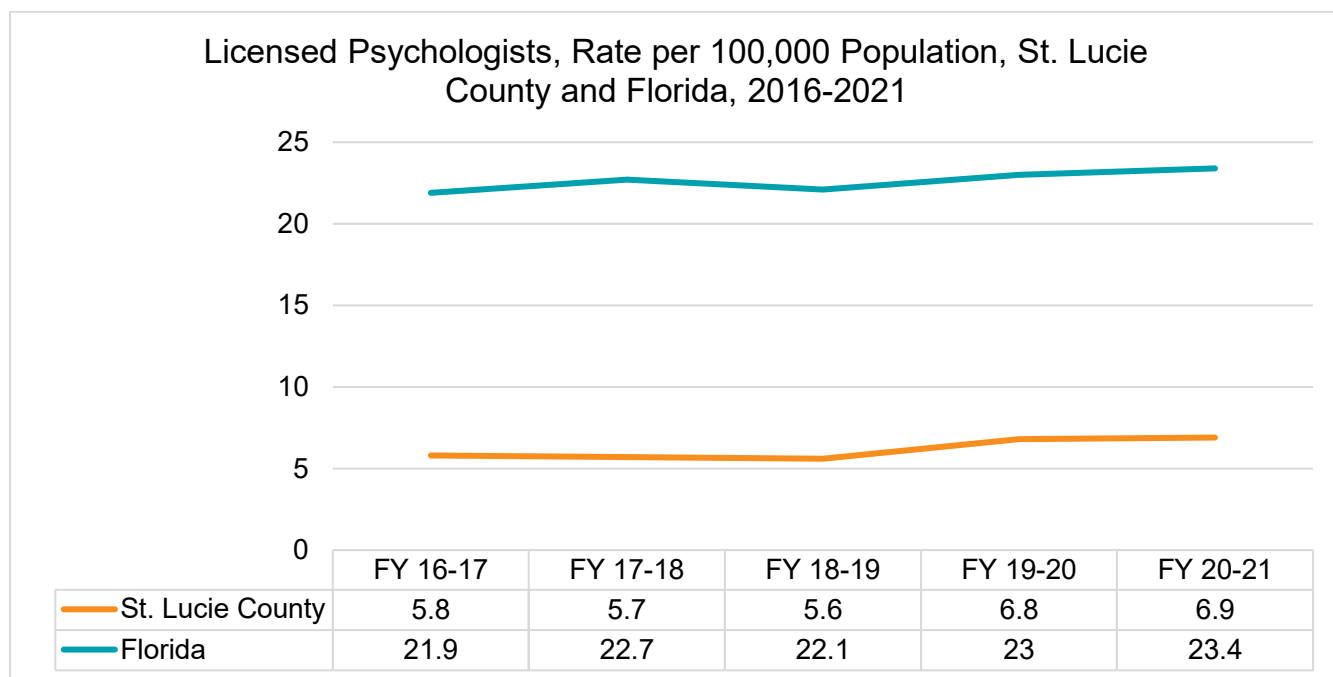
¹⁵² Suvan, J. & D'Aiuto, F. (2013). Assessment and management of oral health in obesity. *Current Obesity Reports*. 2: 142-149.

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The figure below shows the rate of licensed psychologists per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. St. Lucie County reported a lower rate compared to the state across this timeframe. In FY 2020-2021, the rate of licensed psychologists in St. Lucie County was 6.9 per 100,000 population, compared to 23.4 per 100,000 population in Florida. The availability of mental health providers is important, as individuals with mental conditions, such as depression, experience higher rates of obesity.¹⁵³ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities, with consideration for mental health.

Figure 138: Licensed Psychologists, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021



Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

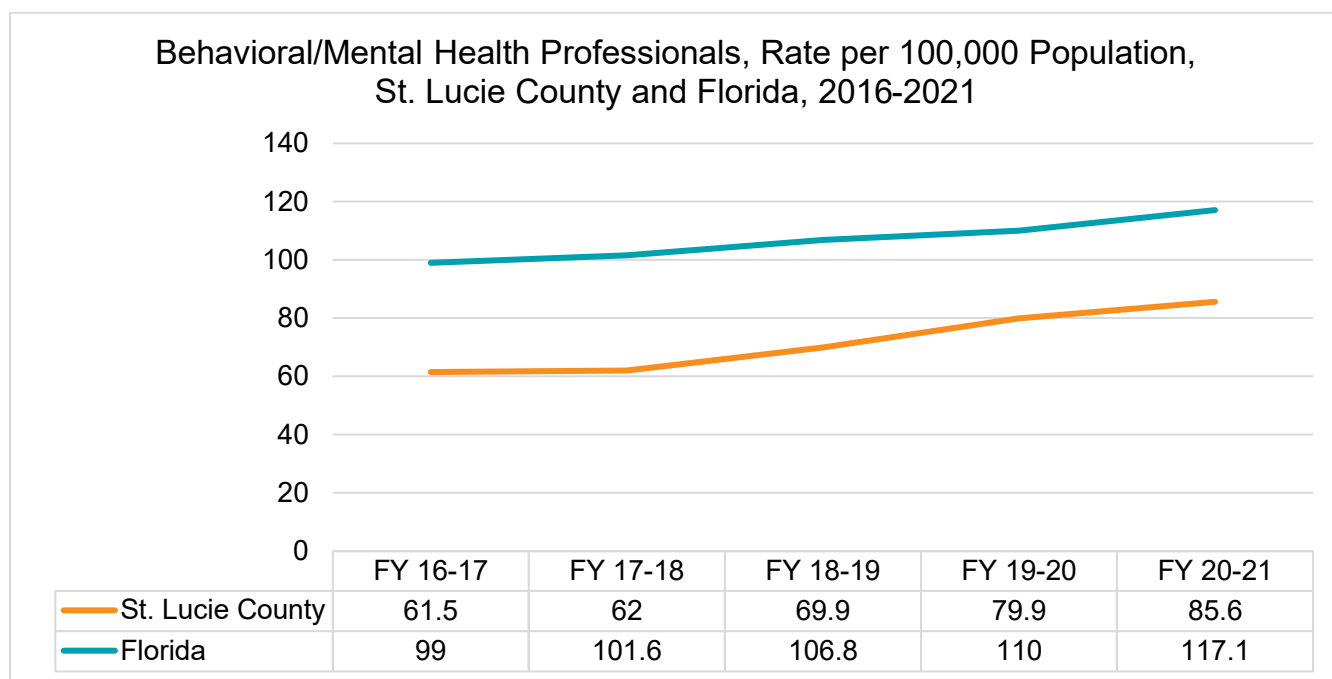
¹⁵³ Allison, D.B., Newcomer, J.W. et al (2009). Obesity among those with mental disorders: A National Institute of Mental Wellbeing meeting report. *American Journal of Preventive Medicine*. 36(4): 341-350.

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The figure below shows the rate of behavioral and mental health professionals per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. St. Lucie County reported a lower rate compared to the state across this timeframe, though both experienced an overall increase. In FY 2020-2021, the rate of behavioral/mental health professionals in St. Lucie County was 85.6 per 100,000 population, compared to 117.1 per 100,000 population in Florida. As mentioned previously, the availability of mental health providers is important, as individuals with mental conditions, such as depression, experience higher rates of obesity.¹⁵⁴ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities, with consideration for mental health.

Figure 139: Behavioral/Mental Health Professionals, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021



Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

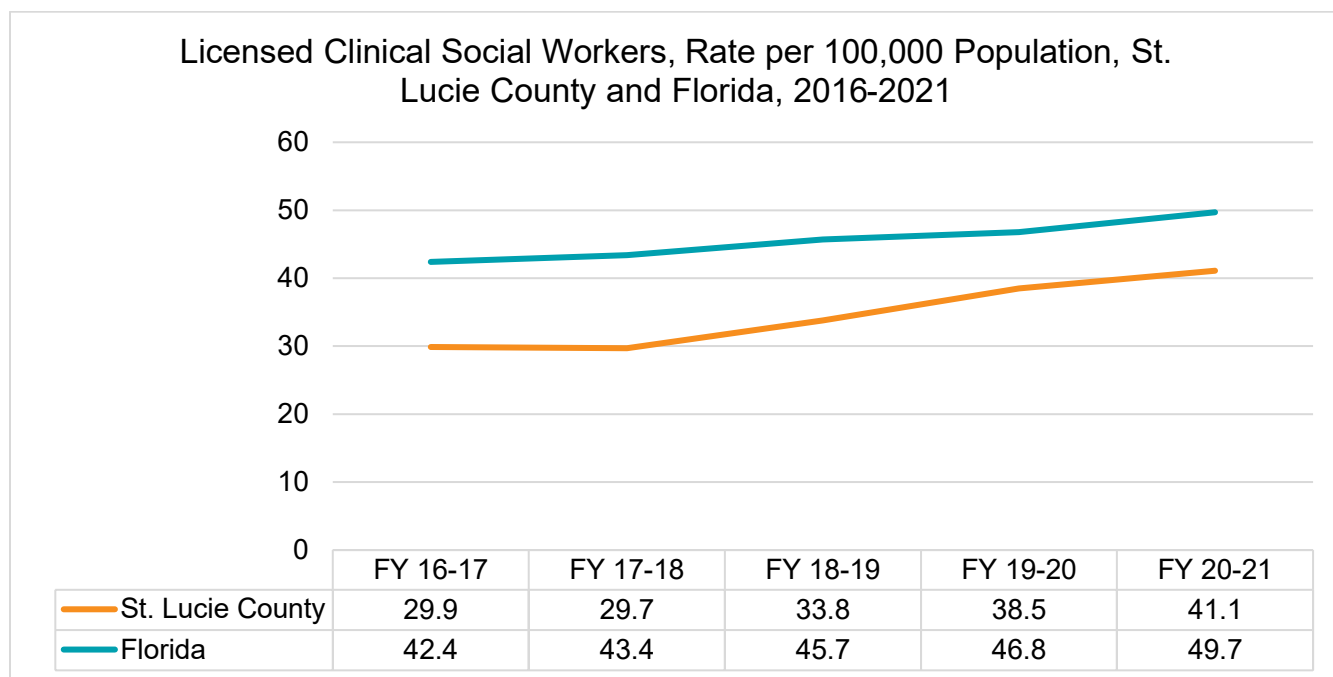
¹⁵⁴ Allison, D.B., Newcomer, J.W. et al (2009). Obesity among those with mental disorders: A National Institute of Mental Wellbeing meeting report. *American Journal of Preventive Medicine*. 36(4): 341-350.

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The figure below shows the rate of licensed clinical social workers (LCSW) per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. St. Lucie County reported a lower rate compared to the state across this timeframe, though both experienced an overall increase. In FY 2020-2021, the rate of LCSW in St. Lucie County was 41.1 per 100,000 population, compared to 49.7 per 100,000 population in Florida. As mentioned previously, the availability of mental health providers is important, as individuals with mental conditions, such as depression, experience higher rates of obesity.¹⁵⁵ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities, with consideration for mental health.

Figure 140: Licensed Clinical Social Workers, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021

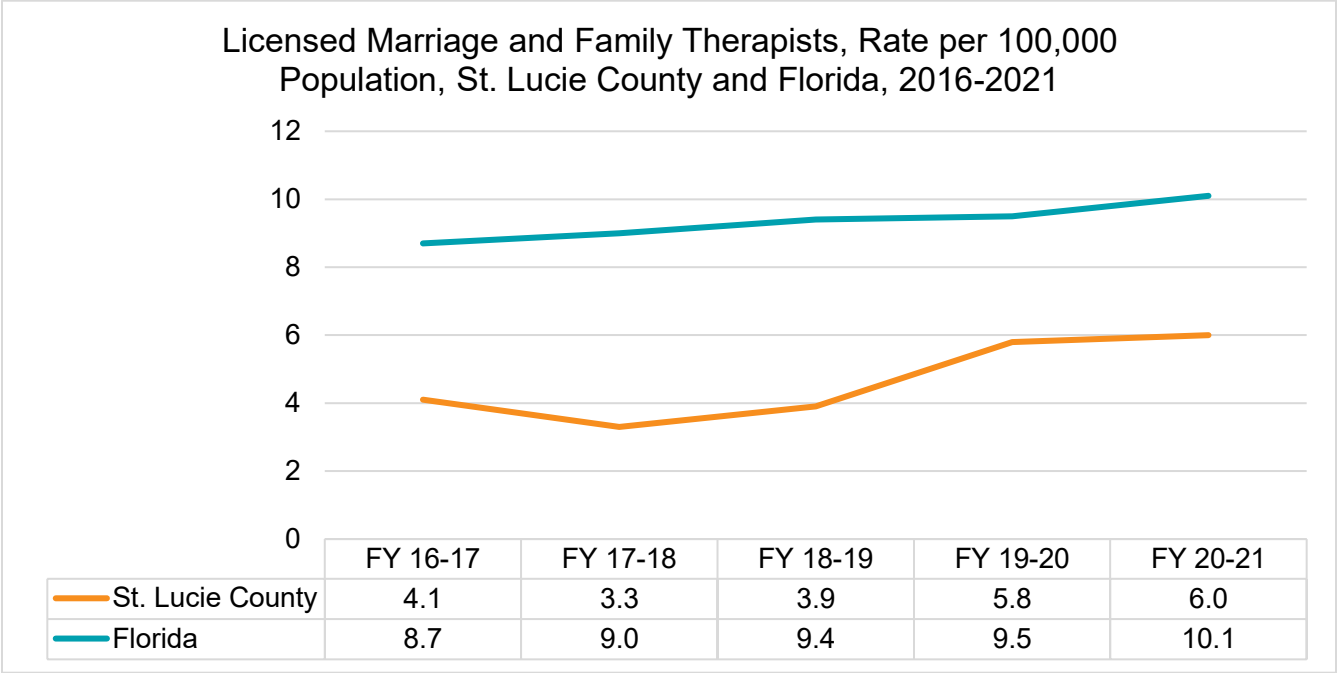


Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

¹⁵⁵ Allison, D.B., Newcomer, J.W. et al (2009). Obesity among those with mental disorders: A National Institute of Mental Wellbeing meeting report. *American Journal of Preventive Medicine*. 36(4): 341-350.

The figure below shows the rate of licensed marriage and family therapists (LMFT) per 100,000 population in **St. Lucie County** and **Florida** from 2016 to 2021. St. Lucie County reported a lower rate compared to the state across this timeframe. In FY 2020-2021, the rate of LMFT in St. Lucie County was 6.0 per 100,000 population, compared to 10.1 per 100,000 population in Florida. As mentioned previously, the availability of mental health providers is important, as individuals with mental conditions, such as depression, experience higher rates of obesity.¹⁵⁶ The HET is implementing a Health Care Quality community project to improve health care access and quality in the county and reduce health care disparities, with consideration for mental health.

Figure 141: Licensed Marriage and Family Therapists, Rate per 100,000 Population, St. Lucie County and Florida, 2016-2021



Source: Florida Department of Health, Division of Medical Quality Assurance, FY16-17 – FY20-21

¹⁵⁶ Allison, D.B., Newcomer, J.W. et al (2009). Obesity among those with mental disorders: A National Institute of Mental Wellbeing meeting report. *American Journal of Preventive Medicine*. 36(4): 341-350.

The impact of health care access and quality on obesity

Health Care Access and Quality		
Health Coverage	Black or African American residents; American Indian and Alaska Native residents; Asian residents; residents of two or more races; Hispanic residents; residents with less than a high school degree or with a high school degree or GED; foreign born residents; residents aged 19-64; unemployed residents; residents in census tracts 3806, 3805, 3809.01	When residents do not have adequate health insurance coverage, they are more likely to delay care, experience unmet needs, and miss preventative screenings. This can lead to missed opportunities for obesity health education, screening, and management services, which can influence obesity status and health outcomes.
Access to a Personal Doctor	Non-Hispanic Black residents; Hispanic residents; residents aged 18-44 and 45-64; residents with less than a high school degree and with a high school degree or GED; residents with an income of \$25,000-\$49,999	Residents who do not have a personal doctor are more likely to not receive timely diagnoses and treatment for obesity.
Access to Medical Check-ups	Hispanic residents, residents aged 18-44; residents with a high school degree or GED; residents with an income of \$25,000-\$49,999	Research has shown that individuals who are obese or overweight that received a medical diagnosis were over two times more likely to attempt to lose weight compared to their undiagnosed counterparts. As such, screening and timely diagnosis of obesity through access to medical check-ups is critical for improved health outcomes.
Inability to Seek Care Due to Cost	Residents aged 45-64; residents with an income less than \$25,000; Unmarried residents; Hispanic residents; non-Hispanic Black residents; residents with less than a high school education; LGBTQ+ residents	The inability to seek care due to cost can negatively impact an individual's access to needed obesity prevention and care. Obesity is associated with increased medical costs, making access even more challenging for certain individuals.
Medically Underserved Areas/Populations	Low-income migrant farmworkers	Medically Underserved Areas/Populations are those areas or populations that have been designated by HRSA as having too few primary care providers, high infant mortality, high poverty, or high elderly

Health Care Access and Quality		
		populations. Access to health care in the form timely diagnosis, treatment, and management of health conditions, including obesity, is critical.
Health Professional Shortage Areas and Provider Availability	Low-income residents (Hispanic; Black or African American; other residents of color); residents who are incarcerated	Health Professional Shortage Areas (HPSA) are those areas that have a shortage of workers in primary care, dental health, and mental health. Because of the influence of access to care on the prevalence of obesity, these areas present disparities. Access and availability of medical providers is critical for improving obesity-related health outcomes.

IX. SOCIAL DETERMINANTS OF HEALTH PROJECTS

The Health Equity Liaison recruited and engaged members across the county, including government agencies, nonprofits, private businesses, and community organizations, to join the Health Equity Taskforce. The Health Equity Liaison took into consideration the prioritized health disparity and the impactful SDOH identified by the Health Equity Team during recruitment.

The Healthy St. Lucie Coalition (HSLC), which is the group that designs and implements the St. Lucie County Community Health Improvement Plan and has key partners who address education access and quality, the social and community context, and health care access and quality, was engaged. The HSLC agreed to serve as the St. Lucie County Health Equity Coalition and a workgroup was formed to serve as the Health Equity Taskforce. The activation of the HET provided the opportunity to expand Health St. Lucie Coalition's ability to increase outreach and increase community capacity to effectively reduce health disparities (CHIP Priority #4).

The St. Lucie Health Equity Taskforce discussed the need to create equitable neighborhood and built environment settings and conditions to achieve health equity for all. Thus, the Taskforce strategically engaged local government leaders to reduce disparities through policy reform and strengthen and broaden collaboration for addressing health disparities through health in all policy decisions and government operations. Moving forward, the Taskforce will recruit additional members from the housing and workforce development industry to meaningfully identify top priorities, community concerns, opportunities for action, and resources related to economic stability and affordable housing.

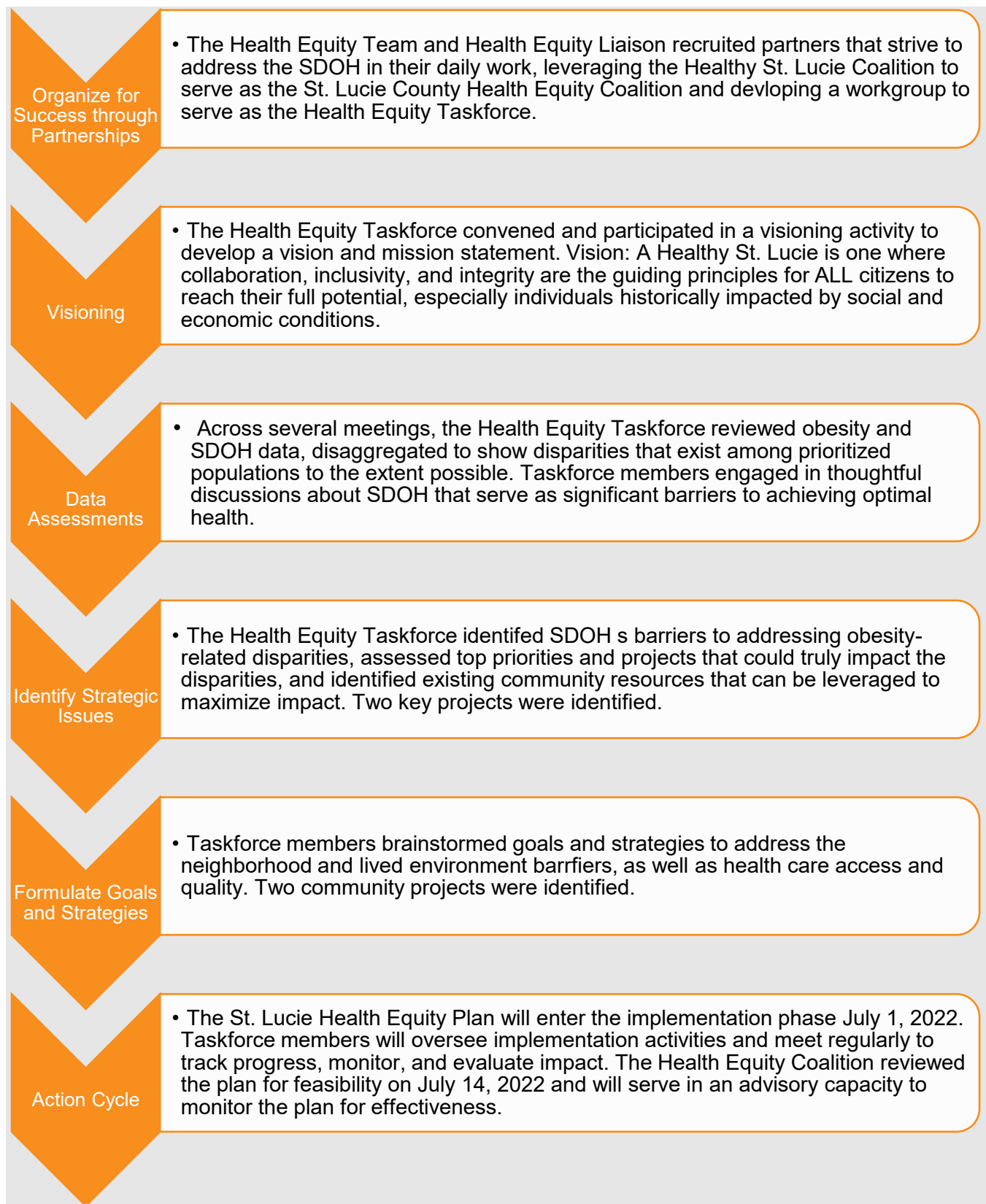
The HET engaged in various meetings to:

- 1) Develop a vision and mission statement
- 2) Review obesity data and data on each of the SDOH that contribute to obesity
- 3) Identify barriers to addressing both the SDOH and obesity in St. Lucie County
- 4) Design evidence-based projects to address the SDOH that impact the prioritized health disparity
- 5) Write objectives with measurable indicators.

The Taskforce used Mobilizing for Action through Planning and Partnerships as a guiding framework throughout this process, which is the process used to develop St. Lucie County's CHIP. See details in the diagram below.

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Notably, the COVID-19 pandemic exposed the health inequities in underserved communities that initiated a call to action to address social conditions that impact health nationwide. In 2021, the St.

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Lucie County Board of County Commissioners (BOCC) received timely technical assistance from [Urban Institute](#) to boost upward mobility for St. Lucie County residents. The key factors identified to achieving upward mobility are Economic Success, Being Valued in Community, and Power/Autonomy. St. Lucie convened partners to comprise the Upward Mobility Cohort, created advisory boards to lead the discussion surrounding each driver, (1) Strong and Healthy Families, (2) Supportive Communities, and (3) Opportunities to Learn and Earn. After 18 months of research, collaboration and engagement, the Upward Mobility Action Plan will be finalized in the summer of 2022. The overall effort is to develop a plan that is relevant, sustainable, measurable, data driven, and that can evolve with the changing needs of the community.

As of June 2022, the Upward Mobility Action Plan goals are:

- Bring awareness and accessibility to jobs that pay a living wage through education, partnerships, and removing barriers to success
- Citizens live in neighborhoods that are physically and environmentally safe and provide reasonable access to services
- Increase short and long-term housing stability and the overall health and well-being of the families in St. Lucie County.

The creation of the Upward Mobility Action Plan is in alignment with the Health Equity Plan and will complement and enhance the efforts in St. Lucie County to reduce disparities.

Boosting Upward Mobility

Economic Success through Strong and Healthy Families	Being Valued in Community through Supportive Communities	Power and Autonomy through Opportunities to Learn and Earn
<ul style="list-style-type: none">• Financial Well-being: Income; financial security• Housing: Affordable housing; housing instability and homelessness• Family: Family structure and stability• Health: Overall health; access and utilization of health services; neonatal health	<ul style="list-style-type: none">• Local Governance: Political participation; descriptive representation among local officials• Neighborhoods: Economic inclusion and racial diversity; belongingness; transportation access; environmental quality; social capital• Safety: Exposure to trauma; exposure to crime; overly punitive policing	<ul style="list-style-type: none">• Education: Access to preschool; effective public education; student poverty concentration; college readiness• Work: Employment; access to jobs paying a living wage

Adapted from: Upward Mobility Urban, Mobility Metrics Framework, 2022

A. Data Review

As described above, the St. Lucie Health Equity Taskforce reviewed data, including obesity disparities and SDOH provided by the Health Equity Team. The Health Equity Taskforce also researched evidence-based and promising approaches to improve the identified SDOH. The Health Equity Taskforce considered the policies, systems and environments that lead to inequities, such as redlining and zoning laws, lack of infrastructure in certain areas, rising housing costs and lack of affordable housing policies, and low food access in low-income neighborhoods. Upon review of the data and an in-depth literature review on how each of the SDOH impact obesity in the county, the Taskforce noted the neighborhood and built environment (i.e., access to healthy food, access to physical activity opportunities, food insecurity) and health care quality and access were the most pressing SDOH to address with the first iteration of this plan. Upon even further research, the Health Equity Taskforce decided to integrate **Health in All Policies (HiAP)** and **Protocol for Assessing Community Excellence in Environmental Health (PACE-EH)** as evidence-based frameworks to improve neighborhood and lived environments that contribute to obesity in St. Lucie County, and **culturally adapted health care** as an evidence-based strategy for increasing equitable access to quality health care and obesity-related prevention, management, and treatment services. See community projects below for more details.

B. Barrier Identification

Members of the Health Equity Taskforce worked collaboratively to identify their organizations' barriers to fully addressing the SDOH relevant to their organization's mission. Common themes were explored, and collaborative strategies to overcome barriers were identified.

SDOH	Partner Barriers	Theme	Collaborative Strategies
Neighborhood and built environment	Residents have limited healthy food access, which makes it difficult to maintain healthy diets despite behavioral changes	Food access	<ul style="list-style-type: none"> • Consider Community Fridge partnerships at OB/GYN offices and other local businesses. • Encourage employers to adopt healthy food policies at work, including healthy meetings and vending machine options.
Social and Community Context; Neighborhood and Built Environment	Workplaces can either be a facilitator or barrier to healthy lifestyles and, more can be done to foster a culture of health in workplaces	Workplace policies and equity	<ul style="list-style-type: none"> • Restart the FDOH St. Lucie Employee Wellness committee. • Train staff on health equity • Evaluate receptivity for HR and wellness committee to re-form and develop a plan. • Incorporate health and wellness activities into the workday (e.g., integrate lunch time walks, monthly beach cleanups, wellness breaks, and healthy snacks in vending machines).

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SDOH	Partner Barriers	Theme	Collaborative Strategies
Neighborhood and Built Environment	There are existing resources to address limited food access, but they have not reached residents enough to successfully impact disparities	Food access	<ul style="list-style-type: none"> • Expand the County's PACE-EH Garden Project • Start other garden projects with community partners: New Life Changing Center; Housing Authority, etc.
Economic Stability and Education Access and Quality	Residents cannot attain their full potential due to the limited and disparate education, job opportunities, and income	Education and Income Disparities	<ul style="list-style-type: none"> • Increase access to programs that support educational engagement • Increase access to vocational training and job opportunities through community partnerships.
Neighborhood and Built Environment	Residents cannot prioritize their health due to competing priorities, such as housing costs. Unstable housing is a major stressor that impacts food security and obesity.	Housing instability	<ul style="list-style-type: none"> • Assess housing needs • Create a countywide resource repository • Identify funding sources increase affordable housing options
Healthcare Access and Quality	Uninsured and underinsured residents are not able to access the necessary nutritional counseling, prevention, management, and treatment services.	Health care access	<ul style="list-style-type: none"> • Increase access to health education services through the implementation of a referral system • Increase cultural competency and obesity management training among clinical staff

C. Community Projects

As described earlier, the HET used Mobilizing for Action through Planning and Partnerships as the guiding framework for the development of the St. Lucie County Health Equity Plan (process described in detail above). When developing community projects, the Health Equity Taskforce researched evidence-based strategies to overcome the identified barriers and improve the SDOH that impact obesity-related disparities in St. Lucie County. The Health Equity Taskforce used this information to collaboratively design community projects to address the SDOH. During project design, the Health Equity Taskforce considered the policies, systems, and environments that lead to inequities. Projects included short, medium, and long-term goals with measurable objectives. These projects were reviewed, edited, and approved by the St. Lucie County Health Equity Coalition to ensure feasibility and impact during the Healthy St. Lucie Coalition meeting on July 14, 2022 (see addendum for meeting agenda). See SDOH projects below for details.

Throughout the implementation phase, the HEAT and Taskforce will meet at least quarterly to monitor community project progress. The Health Equity Liaison will work to collect and track process measure data, in addition to collecting and reporting back on the secondary objective data for each of the projects. The Health Equity Liaison will also report on progress to the Health Equity Regional Coordinator and OMHHE on a consistent basis as needed, but at least quarterly.

X. HEALTH EQUITY PLAN OBJECTIVES

A. Obesity among Communities of Color in St. Lucie County

The HET reviewed obesity data and highlighted specific disparities to address with the St. Lucie County Health Equity Plan. The objective target values below were determined by using the Center for Disease Control and Prevention's **Trend Analysis Tool** (developed to identify the Healthy People 2030 targets) to ensure the plan is effectively making a difference and moving the needle on reducing obesity in St. Lucie County among our prioritized populations (see [Addendum](#) for trend analysis tool snapshots). The St. Lucie County Health Equity Plan Objective is as follows:

Health Disparity Objective

By June 2027:

- Reduce the proportion of adults who are obese from 32.4% in 2019 to 28.6%.
- Reduce the proportion of non-Hispanic Black adults who are obese from 29.9% in 2019 to 23%.
- Reduce the proportion of Hispanic adults who are obese from 30.6% in 2019 to 20.7%.

Florida Behavioral Risk Factor Surveillance System Survey, 2002-2019

1. Quality Healthcare Project Table

During meetings, the St. Lucie Health Equity Taskforce reviewed obesity and SDOH data and discussed the need for culturally competent health care service delivery to address the disparate access to quality health care among communities of color. The data review illuminated the need to reduce disparities in the proportion of adults who had access to primary care services, which are integral for obesity prevention, screening, management, and treatment. Thus, the Taskforce researched effective evidence-based strategies and determined the need to implement **culturally adapted healthcare** to address the historical racism, health care disparities, and the resulting medical mistrust in communities of color, specifically Black and Hispanic communities in St. Lucie County.

An evidence-based strategy, culturally adapted health care ensures that health care providers create welcoming environments and tailor services based on an individual's norms, values, language, beliefs, and literacy levels.¹⁵⁷ With the implementation of this strategy, an individual's social, psychological, and economic experiences are also considered, which improves the quality of health care services, as it is an upstream, comprehensive approach to care. Implementation may include ensuring adequate representation, developing culturally and linguistically appropriate educational material, integrating community health advocacy, being mindful of faith, cultural practices, foods, family composition, and self-image, and empowering individuals to make informed decisions for themselves. This strategy has been proven to improve health outcomes, weight status, mental health, health literacy, disease management, and adherence.

During the implementation of this project, the HEAT and Taskforce will meet at least quarterly to monitor community project progress. The Health Equity Liaison will work to collect and track process measure data (i.e., cultural competency levels, increase in tools used to identify barriers, dissemination of accurate and actionable health information, health literacy levels, etc.), in addition to collecting and reporting back on the secondary objective data (i.e., proportion of adults who have a personal doctor, proportion of adults who had a medical checkup, etc.). The Health Equity Liaison will also report on progress to the Health Equity Regional Coordinator and OMHHE on a consistent basis as needed, but at least quarterly.

The project table below describes how the HET will implement a health care quality project through culturally adapted care integration. The objective targets below have been determined by using the [Trend Analysis Tool](#) to ensure that the community project is effectively making an impact on the community with respect to increasing access to quality health care to reduce obesity-related disparities in St. Lucie County.

¹⁵⁷ County Health Rankings & Roadmaps (2020). Culturally Adapted Health Care. Retrieved from: <https://www.countyhealthrankings.org/take-action-to-improve-health/what-works-for-health/strategies/culturally-adapted-health-care>

Quality Healthcare Project Table						
Short-Term SDOH Goal: Improve access to quality health care access and culturally appropriate services through increased accessibility of health education and physical activity opportunities through collaborations with community stakeholders and partners.						
	Lead Entity	Champion	Data Source	Baseline Value	Target Value	Plan Alignment
Objective: By 2023, increase access to health and nutrition education programs offered in the Lincoln Park neighborhood from 3 in June 2022 to 5. By 2023, increase access to health and nutrition education programs offered to Hispanic communities throughout St. Lucie County from 1 in 2022 to 3.	FDOH St. Lucie	Caleta Scott	Partner data on existing programs in the county	Three health and nutrition education programs	Five health and nutrition education programs tailored to prioritized populations	CHIP: HW1; HL 1 Healthiest Weight Local Foods Local Places
Key Activities			Key Partners		Anticipated Outcomes	
<ul style="list-style-type: none"> Identify and engage non-profit and faith-based organizations to host onsite nutrition education. Identify funding sources for food access projects. Identify diverse community health and garden champions for collaboration, training, and sustainability of programming. Identify and implement culturally competent curricula that is adaptable to non-traditional methods of engagement. Expand National Diabetes Prevention Program to the Spanish-speaking community Expand breastfeeding/doula care and resources to racial and ethnic minorities 			<ul style="list-style-type: none"> UF/IFAS St. Lucie Extension Treasure Coast Food Bank City of Port St. Lucie City of Fort Pierce United Against Poverty Faith-based Community HANDS Volunteers in Medicine Clinic of St Lucie County Incubate Neighborhood Center American Heart Association 		<ul style="list-style-type: none"> Increase in healthy eating behaviors and habits. Reduce economic barriers to healthy foods. Reduce prevalence of obesity and diet-related health conditions. Increase number of sites that provide healthy food. Increase health literacy. 	

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Medium-Term SDOH Goal: Improve health care access and quality through the implementation of a referral system to assist in the delivery of culturally adapted and community-focused health care.

	Lead Entity	Champion	Data Source	Baseline Value	Target Value	Plan Alignment
<p>Objective: By 2025, increase the proportion of Black adults who had a medical checkup in the past year from 80.9% in 2019 to 84.7%.</p> <p>By 2025, increase the proportion of Hispanic adults who had a medical checkup in the past year from 70.4% in 2019 to 77.9%.</p>	FDOH St. Lucie	Angela Roberson	Florida Behavioral Risk Factor Surveillance Survey	<p>80.9% of Black adults</p> <p>70.4% of Hispanic adults</p>	<p>84.7% of Black adults</p> <p>77.9% of Hispanic adults</p>	CHIP: HW1
Key Activities			Key Partners		Anticipated Outcome	
<ul style="list-style-type: none"> Review provider processes for recruitment and intake of participants into health education programs. Identify and recruit physicians and healthcare systems to participate. Design/revise referral documents such as screening tools, informational materials, and follow-up communication for tracking. Identify referral process that includes participant tracking and partner accountability. Encourage health care providers to identify and refer patients to available services offered by community partners. Provide technical assistance to clinics to help them include screening questions in their EMR related to nutrition security and physical activity and assist them with developing a protocol for referrals to specific community organizations. Identify and support quality improvement processes of community partners. 			<ul style="list-style-type: none"> Alzheimer's Association American Heart Association Cleveland Clinic-Martin Health Florida Community Health Center HANDS Volunteers in Medicine Clinic of St Lucie County HCA Florida Lawnwood Hospital HCA Florida St. Lucie Hospital Whole Family Health Center 		<ul style="list-style-type: none"> Increased dissemination of health information that is accurate, accessible, and actionable. Increased utilization of tools to identify health and equity barriers to inform decision-making. Increased community awareness of health resources. Increased faith in the healthcare community to meet the needs of vulnerable communities. Increase in ability to build and maintain relationships with community public and partners. 	

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Long-Term SDOH Goal: Improve health care access and quality through strengthened collaboration between health care providers and stakeholder community to improve disease prevention and management.

	Lead Entity	Champion	Data Source	Baseline Value	Target Value	Plan Alignment
<p>Objective: By 2027, increase the proportion of Black adults who have a personal doctor from 70.2% in 2019 to 92.0%.</p> <p>By 2027, increase the proportion of Hispanic adults who have a personal doctor from 44.8% to 75.8%.</p>	FDOH – St. Lucie	Caleta Scott	Florida Behavioral Risk Factor Surveillance Survey	<p>70.2% of Black adults</p> <p>44.8% of Hispanic adults</p>	<p>92.0% of Black adults</p> <p>75.8% of Hispanic adults</p>	<p>CHIP: HE1</p> <p>Upward Mobility</p> <p>BOCC Strategic Plan</p>
Key Activities			Key Partners		Anticipated Outcomes	
<ul style="list-style-type: none"> Development of a large network of partners engaged in equity work both within and outside of their organizations and utilize this network to raise awareness of health inequities and available resources. Establish and expand access to leadership and cultural competency training to equip staff and stakeholders with the capacity to engage with ALL citizens for health prevention and equity work. Coordinate with healthcare settings and SDOH partners to host community conversations (e.g., Lunch & Learn) with staff and/or stakeholders. Update the Healthy St. Lucie Coalition website to include a Health Equity resources, including tools, trainings, and culturally and linguistically appropriate health information. Coordinate with FDOH St. Lucie Human Resources Performance Excellence Team to expand Healthy Equity education by implementing Health Equity Cultural Competency Training with all staff.* 			<ul style="list-style-type: none"> City of Fort Pierce City of Port St. Lucie Cleveland Clinic – Martin Health Florida Community Health Center HCA Florida Lawnwood Hospital HCA Florida St. Lucie Hospital Indian River State College Medical Society of Okeechobee and St. Lucie Roundtable of St. Lucie County Southeast Behavioral Health Network St. Lucie County BOCC UF/IFAS Extension 		<ul style="list-style-type: none"> Improved cultural and linguistic competency and diversity of the workforce. Increased awareness of expertise and resources from other organizations to identify disparities and address unmet needs. Increased utilization of tools to identify health and equity barriers to inform decision-making. Increased engagement of partners to convene and/or support local community coalitions. Increase in employee wellness opportunities and strengthened well-being. 	

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<ul style="list-style-type: none">• Improve and expand internal FDOH St. Lucie Health Employee Wellness planning and coordination by implementing new program training for staff (e.g., mental health for public health) through coordination with Human Resources Performance Excellence Team.*	<ul style="list-style-type: none">• Upward Mobility Cohort• Whole Family Health Center	<ul style="list-style-type: none">• Increased cultural competency within the health care industry.
* Florida Department of Health St. Lucie internal activity		

2. Neighborhood and Built Environment Project Table

The HEAT reviewed the obesity disparity and SDOH data and determined the need to improve the neighborhood and built environment, specifically access to healthy food, access to physical activity opportunities, and housing stability.

The Taskforce discussed expanding the county's **Protocol for Assessing Community Excellence in Environmental Health (PACE-EH)** program, which is an evidence-based framework used to accurately assess a community's environmental health, improve decision-making, and involve the community in developing an action plan based on the assessment findings and the community's priorities. This would enable the community needs to be assessed and determine strategies to increase access to healthy food sources, access to green space and physical activity opportunities, walkability, and stable, affordable housing.

The Taskforce emphasized the need for policy reform to create long-lasting change in the county's neighborhoods and built environment. Through research and discussion, the Taskforce prioritized the adoption of a **Health in All Policies (HiAP)** approach by local governments.

Health in all Policies (HiAP) is a change in the systems that determine how decisions are made and implemented by local, state, and federal government to ensure that policy decisions have neutral or beneficial impacts on the determinants of health. Health in All Policies is a collaborative approach that aims to improve health by incorporating a health lens into decision-making across sectors and policy areas. It also builds the capacity of health policy professionals to recognize and support the development goals of other sectors, recognizing the interdependent nature of social, economic, and environmental development. HiAP systematically considers the health implications of decisions across sectors, seeking synergies and avoiding harmful health effects of policies outside the health sector to improve both population health and health equity. HiAP entails a change in basic assumptions in systems that make and implement government policies and decisions to ensure that policies either have no effect on or improve the social determinants of health.¹⁵⁸ This approach recognizes that health is influenced by a multitude of factors and ensures that all policies are viewed with a community health and health equity lens.

During the implementation of this project, the HEAT and Taskforce will meet at least quarterly to monitor community project progress. The Health Equity Liaison will work to collect and track process



¹⁵⁸ National Association of County and City Health Officials (2022). Health in All Policies. Retrieved from: <https://www.naccho.org/programs/community-health/healthy-community-design/health-in-all-policies>

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measure data (i.e., affordable housing assessment completion, provision of default resolution workshops, healthy food sources, tools used to identify barriers, dissemination of accurate and actionable health information, etc.), in addition to collecting and reporting back on the secondary objective data (i.e., proportion of households with high monthly housing costs, food insecurity rate, proportion of adults who are sedentary, etc.). The Health Equity Liaison will also report on progress to the Health Equity Regional Coordinator and OMHHE on a consistent basis as needed, but at least quarterly.

The project table below describes how the HEAT will support neighborhood and built environment projects through the integration of PACE-EH and HiAP. Where possible, the objective targets below have been determined by using the [Trend Analysis Tool](#) to ensure that the community project is effectively making an impact on the community with respect to improving the neighborhood and built environment to reduce obesity-related disparities in St. Lucie County.

Neighborhood and Built Environment Project Table						
Short-Term SDOH Goal: Increase access to healthy food and opportunities for physical activity.						
	Lead Entity	Champion	Data Source	Baseline Value	Target Value	Plan Alignment
Objective: By 2024, reduce the food insecurity rate from 11.7% in 2019 to 7.3%. By 2023, reduce the proportion of non-Hispanic Black adults who are sedentary in St. Lucie County from 36.9% to 31.6%. By 2023, reduce the proportion of Hispanic adults who are sedentary in St. Lucie County from 30.8% to 27.4%.	Healthy St. Lucie Coalition	Stefanie Myers	Feeding America, Map the Meal Gap Florida Behavioral Risk Factor Surveillance Survey	11.7% of residents experience food insecurity 36.9% of Black adults are sedentary 30.8% of Hispanic adults are sedentary	7.3% of residents experience food insecurity 31.6% of Black adults are sedentary 27.4% of Hispanic adults are sedentary	CHIP: HW1, HL1 Healthy People 2030
Key Activities			Key Partners		Anticipated Outcomes	
<ul style="list-style-type: none"> • Increase participation in Billion Steps Challenge. • Continue PACE-EH planning in collaboration with the Healthiest Weight work plan. 			<ul style="list-style-type: none"> • Alzheimer's Association • American Heart Association • Children's Services Council • City of Fort Pierce 		<ul style="list-style-type: none"> • Increased available healthy food sources. • Increased awareness of programs available. • Improved health outcomes. 	

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<ul style="list-style-type: none">• Collaborate with healthcare and non-profit partners to implement community fridge and/or community garden projects.• Increase utilization of mobile pantries, famer’s markets, and related healthy food access programs.• Utilization of municipal parks and recreation initiatives through Healthy St. Lucie Coalition through advertisement and marketing			<ul style="list-style-type: none">• City of Port St. Lucie• Faith-based community organizations.• HANDS Volunteers in Medicine Clinic of St. Lucie County• Incubate Neighborhood Center• St. Lucie County BOCC• Treasure Coast Food Bank• UF/IFAS Extension		<ul style="list-style-type: none">• Increased health literacy.	
Medium-Term SDOH Goal: Increase housing stability and overall health and well-being of the families in St. Lucie County.						
	Lead Entity	Champion	Data Source	Baseline Value	Target Value	Plan Alignment
Objective: By 2025, reduce the proportion of occupied households with monthly housing costs of 30% or more of household income from 33.1% in 2020 to 25%.	St. Lucie County BOCC	Sarah Smith	US Census Bureau, American Community Survey	33.1% of occupied households	25% of occupied households	Upward Mobility BOCC – Strategic Plan CFP – Housing Equity Profile PSL Strategic Plan
Key Activities			Key Partners		Anticipated Outcomes	
<ul style="list-style-type: none">• Encourage the formation of a countywide Affordable Housing Advisory Committee (AHAC).• Initiate countywide Housing Needs Assessment.• Create an affordable housing dashboard.• Establish HUD certified Housing Counselor in St. Lucie County.• Encourage Incentive Programs for housing development.• Identify funding sources for affordable housing initiatives.			<ul style="list-style-type: none">• City of Fort Pierce• City of Port St. Lucie• Economic Development Council of St. Lucie County• Fort Pierce Utilities Authority• St Lucie County Board of County Commissioners• Treasure Coast Homeless Services Council		<ul style="list-style-type: none">• Clearly identified housing resources and gaps.• Increased access to affordable housing.• Increased local services to overcome barriers to housing stability (e.g., default resolution counseling, pre-purchase education workshops, financial management/budgeting, fair housing education,	

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<ul style="list-style-type: none">• Support and participate in the Board of County Commissioners One St. Lucie Homelessness Task Force expansion.• Support Community Land Trust development(s): Habitat for Humanity of St. Lucie County and Community Land Trust of Palm Beach and Treasure Coast.• Promote and support the City of Port St. Lucie Neighborhood Services programming.• Promote Fort Pierce SMART City project to provide free to low-cost broadband internet access in Lincoln Park and downtown Fort Pierce.			<ul style="list-style-type: none">• St. Lucie Habitat for Humanity• Community Land Trust of Palm Beach and the Treasure Coast.		landlord and tenant rights etc.).	
Long-Term SDOH Goal: Reduce health disparities through strengthening and broadening collaboration, and policy reform to address health disparities.						
	Lead Entity	Champion	Data Source	Baseline Value	Target Value	Plan Alignment
Objective: By 2026, increase local government implementation of the Health in All Policies framework in decision-making and government operations by 100%.	FDOH St. Lucie	Clint Sperber	County and municipality information on HiAP policies	No Health in All Policies Framework implemented	Adopt a Health in All Policies approach	Comprehensive Plan (BOCC, CFP, CPSL) CHIP HE 1 Upward Mobility Plan
Key Activities			Key Partners		Anticipated Outcomes	
<ul style="list-style-type: none">• Leverage strong partnerships and collaborate with appropriate program offices to incorporate cultural and linguistic competency into activities and programs within and outside FDOH St. Lucie, new and established.*• Support and/or provide resources that address: the inequities and needs of specific populations (racial and ethnic minorities; veterans; Lesbian, Gay, Bisexual, and Transgender; seniors; uninsured/underinsured; etc.), health literacy, and language barriers in all forms of communication.• Update the Healthy St. Lucie Coalition website to include a Health Equity page			<ul style="list-style-type: none">• Children’s Services Council• City of Fort Pierce• City of Port St. Lucie• Healthy St. Lucie• Indian River State College• Roundtable of St. Lucie County• St. Lucie County BOCC• UF/IFAS Extension		<ul style="list-style-type: none">• Increased awareness of expertise and resources from other organizations to identify disparities, unmet needs, including social factors that contribute to health inequities.• Increased utilization of tools to identify health and equity barriers to inform decision-making.• Increase in committed resources to implement HEP and health equity	

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with links to resources, including tools, trainings, and culturally and linguistically appropriate health information.		projects with outcome evaluation strategies. <ul style="list-style-type: none">• Increase dissemination of health information that is accurate, accessible, and actionable.
* Florida Department of Health St. Lucie internal activity		

XI. PERFORMANCE TRACKING & REPORTING

Ongoing communication is critical to the achievement of health equity goals and the institutionalization of a health equity focus. The successes of Health Equity Plan projects are shared with OMHHE, partners, other CHDs, CHD staff, and the Central Office through systematic information-sharing, networking, collecting, and reporting on knowledge gained, so that lessons learned can be replicated in other counties and programs, as appropriate. Regional Health Equity Coordinators facilitate systematic communication within their region.

The Health Equity Liaison serves as the point of contact in St. Lucie for sharing progress updates, implementation barriers, and practices associated with the Health Equity Plan. The Health Equity Liaison is responsible for gathering data, monitoring, and reporting progress achieved on the goals and objectives of the Health Equity Plan. The Liaison meets with the Health Equity Taskforce to discuss progress and barriers, as well as tracks and submits indicator values to the OMHHE within 15 days of the quarter end.

Throughout the implementation phase, the HEAT and Taskforce will meet at least quarterly to monitor community project progress. The Health Equity Liaison will collect and track process measure data, in addition to collecting and reporting back on the secondary objective data for each of the projects. The Health Equity Liaison will also report on progress to the Health Equity Regional Coordinator and OMHHE on a consistent basis as needed, but at least quarterly.

Annually, the Health Equity Liaison will submit a Health Equity Plan Annual Report assessing progress toward reaching goals, objectives, achievements, obstacles, and revisions to the Regional Health Equity Coordinator and Coalition. The Regional Health Equity Coordinator and Coalition leaders provide feedback to the Health Equity Liaison and the Health Equity Taskforce from these annual reports. The Health Equity Liaison then submits the completed report to OMHHE by July 15th annually.

XII. REVISIONS

Annually, the HET will review the St. Lucie County Health Equity Plan to identify strengths, opportunities for improvement, and lessons learned. This information is used to revise the plan as needed.

Revision	Revised By	Revision Date	Rationale for Revision
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XIII. ADDENDA

Addendum # 1: Coalition Members

Organization Name	Coalition Member Name	Title	Organization Website	Type of Services	Partnership Type
Healthy St. Lucie	Stefanie Myers	Health Promotion Director	www.flhealth.gov	Community Health & Social Support	County Coalitions
City of Fort Pierce	Noemi Rios	Risk Management Specialist	www.cityoffortpierce.com	Community Development & Outreach	Local government
City of Port St. Lucie	Bolivar Gomez	Neighborhood Services	www.cityofpsl.com	Community Development & Outreach	Local government
United Way of St. Lucie and Okeechobee	Jeff Howard	Outreach Coordinator	www.unitedwayslc.org	Community Health & Social Support	Health care and social service associations
St. Lucie County School Board	Lydia Martin	PIO	www.stlucieschools.org	Youth Services	University/College, K-12, Trade school
St. Lucie County BOCC	Shanelle Tomlin	Human Resources	www.stlucieco.gov	Community Development & Outreach	Local government
Tykes and Teens	Dorothy Oppenheiser	Director of Prevention Services	www.tykesandteens.org	Community Health & Social Support	Foundations/Charity/Non-Profit
Tykes and Teens	Chris White	Community Outreach	www.tykesandteens.org	Community Health & Social Support	Foundations/Charity/Non-Profit
American Heart Association	Brittani Coore	Community Engagement Coordinator	www.heart.org/PalmBeachCounty	Community Development & Outreach	Health care and social service associations
American Heart Association	Sheree Wolliston	Vice President of Health Strategies	www.heart.org/PalmBeachCounty	Community Health & Social Support	Health care and social service associations
HANDS Volunteers in Medicine Clinic of St Lucie County	Dr. Gene Manko	Doctor	www.handsofslc.org	Community Health & Social Support	Foundations/Charity/Non-Profit
HANDS Volunteers in Medicine Clinic of St Lucie County	Lisa Hatch	Executive Director	www.handsofslc.org	Community Health & Social Support	Foundations/Charity/Non-Profit

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Organization Name	Coalition Member Name	Title	Organization Website	Type of Services	Partnership Type
Children's Services Council	Jim Dwyer	Director of Programming	www.cscslc.org	Youth Services	County coalitions
Talk Therapy with LaShonda	LaShonda Henderson	Owner	www.talktherapywithlashonda.com/	Community Health & Social Support	Health care and social service associations
St. Lucie County Government	Leslie Olsen	Director, Planning and Development	www.stlucieco.gov	Community Development & Outreach	Local government
Whole Family Health Center	Carly Pye	Director of Administration	www.wfhcfl.org	Health Care	Health care and social service associations
Cleveland Clinic Martin Health	Angela Aulizio	Community Engagement Coordinator	www.ccf.org	Health Care	Health care and social service associations
Alzheimer's Association	Evelyn Espinal	Treasure Coast Program Manager	www.alz.org	Community Health & Social Support	Health care and social service associations
Department of Elder Affairs / COSA	Tony Copeland	SHINE Program Liaison	www.floridashine.org	Community Health & Social Support	Health care and social service associations
UF/IFAS Extension St. Lucie	Carol Roberts	Community Resource Development Agent	www.ufl.edu	Community Health & Social Support	University/College, K-12, Trade school
Mustard Seed Ministries	Greg Smith	Executive Director	www.mustardseedslc.org	Community Health & Social Support	Foundations/Charity/Non-Profit
FDOH St. Lucie	Helen McDonald	Health Educator	www.flhealth.gov	Health Care	Health care and social service associations
FDOH St. Lucie	Caleta Scott	Health Equity Liaison	www.flhealth.gov	Health Care	Health care and social service associations
FDOH St. Lucie	Edgar Morales	Gov Operations Consultant III	www.flhealth.gov	Health Care	Health care and social service associations
FDOH St. Lucie	Adrian Kinkead	Biological Scientist - Opioid Fellow	www.flhealth.gov	Health Care	Health care and social service associations
FDOH St. Lucie	Delia Hudson	Human Services Analyst	www.flhealth.gov	Health Care	Health care and social service associations
FDOH St. Lucie	Patricia Follano	Title V Program Specialist	www.flhealth.gov	Health Care	Health care and social service associations
FDOH St. Lucie	Dallas Spruill	Program Specialist - Epidemiology	www.flhealth.gov	Health Care	Health care and social service associations

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Organization Name	Coalition Member Name	Title	Organization Website	Type of Services	Partnership Type
FDOH St. Lucie	Yenicel Ruan	HIV/Infectious Disease	www.flhealth.gov	Health Care	Health care and social service associations
FDOH St. Lucie	Jennifer Harris	PIO	www.flhealth.gov	Health Care	Health care and social service associations
FDOH St. Lucie	Jason Barela	Health Education Coordinator	www.flhealth.gov	Health Care	Health care and social service associations
FDOH St. Lucie	Sonya Gabriel	Nursing Consultant	www.flhealth.gov	Health Care	Health care and social service associations
March of Dimes, South Florida	Caroline Valencia	Director of Maternal & Infant Health	www.Marchofdimes.org	Community Health & Social Support	Foundations/Charity/Non-Profit
Sanctuary of the Treasure Coast	TBD		www.Sanctuaryoftreasurecoast.org	Community Health & Social Support	Foundations/Charity/Non-Profit
Pride Alliance of the Treasure Coast	Shannon Sloan Trevino	Vice President and Media Coordinator	www.pridealliancetc.com	Community Health & Social Support	Foundations/Charity/Non-Profit

Addendum # 2: Health Equity Team (HEAT) Meeting Minutes

St. Lucie County Health Equity Action Team (HEAT)

Wednesday, January 19, 2022

HEAT Team Prep Meeting

Attendance: Sonya Gabriel, Cassandra Petit-Homme, Caleta Scott

The meeting was called to order at 1:30 PM

Attendance was taken and introductions were given.

Caleta Scott, Health Equity Liaison, provided the purpose of the Health Equity Plan, expectations of the Health Equity ACTION Team, and the need to continue to recruit members. The method of communication was discussed, and the team established the need for a tentative monthly meeting schedule to drive the plan, to coincide with works schedules and Taskforce meetings. The first meeting was scheduled for Tuesday, February 8, 2022.

The team discussed internal and external partnership and projects that can be achieved. Sonya Gabriel discussed her desire for Community Fridge partnership with a local OB/GYN office and members provided input for moving that food access project forward. The suggestion to revive the FDOH St. Lucie employee wellness team to support physical and mental well-being for employees was discussed, as well as the need for internal Health Equity training. There have been some trainings administered to St. Lucie County staff utilizing the [Train Learning Network](#) and more will be added to the required dashboard. Cassandra shared a Black Health Panel her department is hosting in February. The group concurred that these types of events will be imperative to minority health. Outreach events like this should be coordinated with community partners and take place at least quarterly.

Further discussion was to explain the connection to Healthy St. Lucie Coalition and the invitation to attend all future meetings was extended.

The meeting was closed at 2:48 PM

St. Lucie County Health Equity Action Team

Tuesday, February 8, 2022

Meeting Minutes

Attendance: Sonya Gabriel, Cassandra Petit-Homme, Edgar Morales, Caleta Scott

The meeting was called to order at 3:00 PM.

Attendance was taken and introductions were given.

Caleta Scott, Health Equity Liaison, led the meeting and went over the purpose of the Health Equity Plan, including the local and state goals and timeline. A [health equity quiz](#) from UnNaturalCauses.org. Discussion included how so many answers were startling and how many people are unaware of the history and statistics.

The timeline of the next 6 months was given, focusing on the next 4 months as “crunch time” and outlining quarterly and annually meeting expectations, in addition to the Health Equity Taskforce meetings. The meeting schedule was decided to be flexible, but consistent, with meetings held at least once monthly through June and at least once quarterly beginning in FY2023.

The many resources from the State office and previously gathered webinars and reports have been shared on a spreadsheet/MS Teams group. Regional Minority Health Coordinators are available to assist us throughout the process and will come to a future Taskforce meeting.

Consensus to “revisit/review” Employee wellness Plan and have meeting with administration/HR as initiative. **All in Favor.**

Members discussed upcoming health events for Minority Health Month and SDOH project timeline and how it goes with previous Pace-EH project through Environmental Health division.

The meeting was closed at 3:54 PM

St. Lucie County Health Equity Action Team

Tuesday, March 22, 2022

Meeting Minutes

Attendance: Sonya Gabriel, Edgar Morales, Yenichel Ruan, Caleta Scott

The meeting was called to order at 10:00 AM.

Attendance was taken and introductions were given.

Caleta Scott, Health Equity Liaison, led the meeting and went over the Taskforce meeting from March 3 and discussed Obesity as the health priority and how we move forward choosing SDOH projects that impact obesity under our soon to be chosen priority population.

The team began brainstorming ideas that FDOH St. Lucie could implement to ensure employees' health is being addressed equitably internally. The discussion of bringing back the employee wellness team yielded results of being invited to an April human resource meeting to find out the status and propensity for the resurrection. Ideas for the wellness team included lunchtime walks, beach cleanups monthly, wellness breaks via teams, healthy snacks in vending machines, etc.

The previous PACE-EH project was discussed, particularly the lack of success and the observance to the full richness allotted by the PACE-EH process. Edgar suggested reaching out to Indian River County's contact, since they have been awarded millions in dollars for their community.

Consensus to "review/revisit PACE-EH project from Environmental Health and determine ability to enhance project for viability" **All in Favor.** This will be brought to the HE Taskforce.

Members discussed upcoming movie screening event for Minority Health Month, screening UnNatural Causes documentary to train staff and stakeholders to address SDOH that are inclusive of the needs of vulnerable communities.

The meeting was closed at 10:53 AM

St. Lucie County Health Equity Action Team (HEAT)

Wednesday, June 1, 2022

Meeting Minutes

Attendance: Sonya Gabriel, Edgar Morales, Yenichel Ruan, Caleta Scott

The meeting was called to order at 3:00 PM

Attendance was taken and individual highlights discussed.

SDOH Projects discussion entailed projects/ideas to utilize in the plan under each social determinant of health:

- Healthcare Access and Quality potential projects include healthy baby summit in September, Lunch and Learn Series on Health Equity, referral system implementation, Healthy St. Lucie Coalition website and internal FDOH cultural competency and food access champions through Pace-EH project in the future.
- Education Access and Quality potential projects include Increase marketing efforts to college students/families sat Indian River State College - upward bound program, 2-year free tuition, health literacy, expansion of classes at Blackburn campus, coordinating implementation of GO NAP SACC, eventually looking at universal free lunch policy change
- Economic Stability potential projects include partner with UF/IFAS for financial literacy programs, supporting and marketing SBDC, SBA, SCORE and BAP (Business Accelerator Program) programs. Other potential collaborations include CRSC and Youth build programs, local government business grants and Business incubators at Incubate Neighborhood Center and Sunshine Kitchen.
- Social and Community Context projects discussed creating navigators within different organizations, versed in community partners as well as creating hubs of information that are known throughout the community. A uniformed referral system between community organizations will allow for tracking and accountability.
- Neighborhood/Built Environment projects discussed include racism as public health crisis as long-term goal, health in all policies within local government agencies, affordable housing creation through land trusts and housing incentives.

Additional discussion included the internal employee wellness team is going to be expanded and we may discuss how HEAT team plays a role. The next meeting will take place at the end of July.

Meeting was adjourned at 4:12 PM

Addendum # 3: Health Equity Taskforce Meeting Minutes

St. Lucie County Health Equity Taskforce

Thursday, March 3, 2022

Meeting Minutes

Attendance: Brittani Coore, Sonya Gabriel, Bolivar Gomez, Cassandra Petit-Homme, Osmwer Louis, Edgar Morales, Dr. Gitana Ng, Noemi Rios, Caleta Scott, Shanelle Tomlin, Sabrina Taylor

The meeting was called to order at 3:00 PM.

Attendance was taken and introductions were given.

Caleta Scott, Health Equity Liaison, led the meeting, providing the purpose and expectations of the Health Equity Taskforce. The method of communication was discussed, and the team finalized a monthly meeting schedule for the plan creation and quarterly timeframe for the workgroup after the plan is created. Dates selected for upcoming meetings: March 3, 2022, March 28, 2022, April 21, 2022, May 23, 2022, June 17, 2022, then, August 2022, November 2022, February 2023, and April 2023.

Short term and long-term goals discussed included the creation of the Health Equity Plan and Minority Health Month, Pace-EH and social determinant of health (SDOH) projects. The group discussed the need to add more people to our team and expand the reach of teammates from other SDOH areas.

The Health Equity (HEAT) Team's meeting highlights were discussed, highlighting ideas for food access, such as Community Fridge partnerships at OB/GYN offices and other local businesses, restarting the internal Employee Wellness team and training staff on Health Equity via state training methods.

Local data on Diabetes and Obesity was presented, reviewed, and discussed. The Nominal Group Technique was used to select a focus for the HE Plan. After two rounds of voting, Obesity was chosen as the health disparity.

Further discussion included the earlier PACE-EH project and the potential to revisit or produce a new project. The group had questions about local initiatives and sharing information via social media platforms.

The meeting was closed at 4:15 PM

St. Lucie County Health Equity Taskforce

Thursday, March 28, 2022

Meeting Minutes

Attendance: Lesli Ahonkhai, Brittani Coore, Sonya Gabriel, Bolivar Gomez, Osmwer Louis, Edgar Morales, Dr. Gitana Ng, Noemi Rios, Yenichel Ruan, Caleta Scott, Shanelle Tomlin, Sabrina Taylor

The meeting was called to order at 3:00 PM

Attendance was taken and introductions were given.

Leslie Ahonkhai, Regional Coordinator, introduced herself and provided background on the program and the guidance on direction for the plan creation. Discussion included the Taskforce charter, mission and vision, as well as obesity and the importance researching impacts on priority populations.

The Taskforce voted to adopt *Mission: To outline and support comprehensive efforts intended to reduce health disparities and improve the social and economic conditions impacting health.* **ALL IN FAVOR.**

The Taskforce voted to adopt *Vision: A Healthy St. Lucie is a one where collaboration, inclusivity, and integrity, are the guiding principles for ALL citizens to reach their full health potential especially individuals historically impacted by social and economic conditions.* **ALL IN FAVOR.**

SDOH projects currently taking place were discussed to provide insight into the types of collaboration to highlight and that may be utilized in the plan, especially in the Neighborhood and Built Environment. Members were asked to think of and share projects in their organizations and within the community for future consideration.

Announcements about current initiatives and events were given.

The meeting was closed at 4:10 PM

St. Lucie County Health Equity Taskforce

Monday, May 23, 2022

Meeting Minutes

Attendance: Brittani Coore, Sonya Gabriel, Bolivar Gomez, Osmwer Louis, Edgar Morales, Dr. Gitana Ng, Yenichel Ruan, Caleta Scott, Shanelle Tomlin, Sabrina Taylor

The meeting was called to order at 3:00 PM

Attendance was taken and introductions were given.

Caleta Scott, Health Equity Liaison, supplied an overview of the mission and vision of the Taskforce. The group decided on an updated meeting date in June to go over the plan, if applicable. Prioritized populations data was shared for Black and Hispanic residents who are uninsured. The group reviewed obesity data by race and ethnicity.

Edgar Morales suggested acknowledging other ethnic minorities in St. Lucie County such as, Asian, Native American and Pacific Islander populations are small, though, we should consider families reservation in St. Lucie County as a disparate population.

Strategic partnerships were discussed and the need to increase membership in Taskforce and Coalition. Dr. Gitana Ng suggested adding Volunteers in Medicine to our partnership list.

Healthcare access and quality projects were reviewed and discussed. The group discussed the need to increase enrollment at IRSC and working with local business community to ensure students are being hired locally. Further discussion included the previously discussed projects surrounding increased economic mobility.

The meeting was closed at 4:08 PM

St. Lucie County Health Equity Taskforce

Friday, June 3, 2022

Meeting Minutes

Attendance: Brittani Coore, Sonya Gabriel, Bolivar Gomez, Osmwer Louis, Dr. Gitana Ng, Noemi Rios, Yenichel Ruan, Caleta Scott, Sabrina Taylor

The meeting was called to order at 3:00 PM

Attendance was taken and introductions were given.

Caleta Scott, Health Equity Liaison, provided an update to the plan deliverables and the introduction of a consultant to aid with compiling the plan.

To recap communication taken place via email and Teams, the team briefly discussed the need to narrow down SDOH projects to two (2).

Discussion included prioritizing the disparity. Local and State data was reviewed for each social determinant of health and its impact on Obesity. Using the NACCHO Multi-voting technique, the team narrowed down the projects within two rounds to settle on Access to Quality Care and Social and Built Environment SDOH projects. Consideration was taken for projects that were aligned with current plans and projects.

Further discussion included the opinion to simply mention the desire to begin our PACE-EH project and Jason Barela, over the Healthiest Weight program will attend the quarter 1 meeting. The group agreed to meet again in June to review the full draft prior to submission on June 30. The July 14th Healthy St. Lucie Coalition meeting will include an indepth review of the Draft Health Equity Plan.

The meeting was closed at 4:37 PM

Addendum # 4: Health Equity Coalition Meeting Minutes

Healthy St. Lucie Coalition Meeting

Thursday, December 9, 2022

Meeting Minutes

Attending the meeting: Adrian Kinkead, Sony Gabriel, Jessica Parrish, Carly Pye, Nancy Yarnall AAA of Palm Beach and Treasure Coast, Patricia Follano, Sherry Siegfried, Stefanie Myers, Jennifer Harris, Jason Barela, Emily Hahn, Edgar Morales, Angela Aulisio, Chris Harris, Dorothy Oppenheiser, Helen McDonald, Jim Dwyer, Mally Chruski, and Sheree Wolliston.

Speaker	Topic	Discussion
Jennifer Harris	Welcome/Call to Order	<ul style="list-style-type: none"> • Call to order at 3:00 PM. • Jennifer welcomed and reminded everyone to sign-in the chat box and invited participants to make comments in the chat box. • Agenda was reviewed.
Jason Barela	HW1: Healthy Weight <ul style="list-style-type: none"> • Billion Steps Challenge • Art of Healthy Living Webinar 	<ul style="list-style-type: none"> • Jason provided members with an update on the Billion Steps Challenge and Art of Healthy Living Webinar Series. in the Healthiest Weight program • Jason reviewed the community stats towards the annual goal of 1 billion steps, including 980,646,005 steps, 1817 participants, and 173 teams. • Jason introduced and celebrated the winners for the New England and Turkey Trot mini challenges that took place in October and November. • 8 mini challenges were hosted in 2021 and the community is on pace to reach our annual step goal this year. • Thank you to Conviva Care Centers and Humana for partnering to host the mini challenges. • The Billion Steps Challenge 2022 Kick Off is scheduled for January 15, 2022, at the 9 a.m. at the Oxbow Eco-Center. Everyone is invited to attend. • Nine out of 10 Art of Healthy Living webinars with our Conviva Care Center and Humana partners have been completed. The final online seminar, "Habits of Healthy People" will be held at 10 a.m. on December 16, 2021.
Edgar Morales	Community Health Assessment Updates	<ul style="list-style-type: none"> • Edgar provided members with a brief overview of new data in Florida CHARTS to update for the Community Health Assessment (CHA), including County Health profiles, FL Vital Statistics for birth/deaths, hospital, and ER visits, and BRFSS.

		<ul style="list-style-type: none"> • Edgar highlighted two areas of change, including COVID-19 becoming the third leading cause of death in St. Lucie County in 2020. Additionally, Infant Mortality in St. Lucie County decreased from 6.1 infant deaths per 1000 live births in 2019 to 4.6 infant deaths per 1000 live births in 2020. • Finally, Edgar presented areas of strength and to explore in County Health Rankings for St. Lucie.
CHIP Health Priority 1: Chronic Diseases and Conditions		
Emily Hahn Jason Barela Sonya Gabriel Mally Chrulski Stefanie Myers Edgar Morales	HW1: Healthy Weight PD1: Prevention & Early Detection TP1: Tobacco Prevention and Cessation HL1: Health Literacy	<ul style="list-style-type: none"> • Jennifer Harris supplied a brief overview of the 2021-2026 CHIP priority areas and introduced Emily Hahn. • HW1: Emily provided an overview of the SNAP Ed programs, Eating Smart Being Active and MyPlate for My Family. Emily reviewed success over the past year despite COVID-19, including a presentation to over ALPI Head start staff, reached 257 individuals with educational programs, and launched Eating Smart Being Active in Spanish. • HW1: Emily highlighted organizational partners working to host this education. • HW1: Jason Barela offered an update on the Diabetes Prevention Program that was just launched. He reviewed the risk assessment and referral program. Plans are underway to launch this program virtually in the coming year, through an online platform called HALT. • HW1: Sonya Gabriel provided an update on breastfeeding data for 2020 showing a slight decrease in overall breastfeeding initiation rates, and an increased disparity between white and black breastfeeding rates. Sonya reported that they are working to incorporate a new breastfeeding curriculum into existing residency program curriculum. Sonya reported on work to increase the number of breastfeeding friendly childcare centers and reported on 4 childcare centers that have received that designation. Finally, Sonya reported on the Sisters Empowering Sisters Breastfeeding Support Program working to increase breastfeeding initiation and duration rates among black mothers. • HW1: Mally Chrulski provided an update on breastfeeding duration rates at 26 weeks, showing an increase of 2.5% in the overall rate (31.1%) and 3.5% increase in black infant rates (27.5%) since June 2021 data. Mally also reported that WIC was extending increased Fruit/Vegetables for clients, \$24

		<p>per Child; \$43 per Prenatal & Non-BF Post-partum Women; \$47 per Breastfeeding Mother monthly.</p> <ul style="list-style-type: none"> • PD1: Jennifer reported that work in Prevention & Early Detection had not started yet, and that the partners in these areas would need to be recruited to develop plan for addressing them. • TP1: Stefanie Myers supplied an update for tobacco prevention and cessation work, including hiring a new Tobacco Prevention Specialist, Helen McDonald. There is still a vacancy for the Students Working Against Tobacco (SWAT) coordinator. Despite the staffing challenges, a new afterschool SWAT chapter was established, a presentation on vaping to the Freshman class was made, and a new smoke free multiunit housing property was identified. Goals for the coming year include getting support for online training for students, teachers, and school nurses, review of school tobacco prevention policies, recruiting more Tobacco Free Partnership members, completing 200+ retail assessments, and helping school district with administering the 2022 Youth Tobacco Survey. • TP1: Edgar Morales provided an update on a quality improvement projected started at the FDOH St. Lucie health clinic to increase identification of tobacco users and electronic referrals to Tobacco Free Florida cessation services. Since the project started, there has been a significant increase in both identification and referrals. Plans and underway to keep improving these numbers, as well as sharing these outcomes with other community and private healthcare groups to increase quit attempts. • HL1: Jennifer reported that work on HL1 had not started yet.
CHIP Health Priority 2: Access to Care		
Dr. Lomax-Homier Florida State University College of Medicine	AC1: Increase Health Insurance Coverage AC2: Increase Family Practice Providers in St. Lucie County AC3: Home & Community-Based Care Services	<ul style="list-style-type: none"> • AC1: Jennifer reported that work on AC1 had not started yet. • AC2: Dr. Lomax-Homier had a conflict this day so Jennifer Harris provided ideas she shared to increase family practice providers, including tapping into the Health Resources and Services Administration (HRSA) National Health Service Corps. Plans are underway to bring together partners in healthcare for a more focused discussion in the coming year. • AC3: With COVID -19 creating a spike in needs and with associated new funding, there has been significant increase in call volumes and services

		provided. This increase will likely trend down once the pandemic becomes endemic.
CHIP Health Priority 3: Mental Health & Substance Abuse		
Chris Harris Jessica Parrish Angela Aulisio Dorothy Oppenheiser Dallas Spruill	MHSA1: Reduce Hospitalizations MHSA2: Reduce Opioid Overdose Deaths	<ul style="list-style-type: none"> • Jennifer • MHSA1: Chris Harris with Southeast FL Behavioral Health Network (SEFBHN) provided an update on the System of Care (SOC) expansion grant they received for St. Lucie and Martin Counties. Chris reviewed the goals of the grant and their next steps to hire a family coordinator. • MHSA1: Jessica Parrish with United Way of St. Lucie County provided a brief update on their plans to launch a community collaborative for mental health in the coming year. • MHSA1: Angela Aulisio with Cleveland Clinic Martin Health provided an overview of their community benefit program to support strategic community partnership that align with their Community Health Needs Assessment (CHNA) identified health priorities, which includes a focus on behavioral health. She supplied an update on their COVID-19 response, introduced Madhu Sasidhar, MD as the new president for Cleveland Clinic Tradition Hospital. Angela offered a brief overview of some the strategic projects they have worked on over the past year. • MHSA1: Dorothy Oppenheiser with Tykes & Teens delivered an update on programs for Adverse Childhood Experiences (ACE) and a pocket brochure they have been using in schools to aid students in finding a peer that is struggling and resources in the community that can help. • MHSA2: Dallas Spruill with FDOH St. Lucie County provided an update on the Overdose to Action (OD2A) grant work in the community. The landing page has been complete and is awaiting final approval from the state office to launch. There will be advertisements at gas stations that will link back to this landing page of resources for families and individuals struggling with opioids.
CHIP Health Priority 4: Health Equity		
Caleta Scott	HE1: Increase Community Capacity to Reduce Disparities	<ul style="list-style-type: none"> • HE1: Caleta Scott reviewed the health equity goals and strategies in the CHIP and provided a definition of health equity and need to address social determinants of health. FDOH St. Lucie received two

		grants from FDOH to address health equity in St. Lucie. Caleta provided an overview of grant focus to create a local health equity plan and establish a health equity taskforce.
Community Health Improvement Plan – Updates		
Stefanie Myers	CHIP Updates	<ul style="list-style-type: none"> Stefanie Myers provided a brief update on changes needed to the CHIP, including correction to objective HW1.2 which incorrectly included data from 2013, rather than the 2016 data indicated; addition of the baseline calls and services for AC 3.1, changes in language for vaping products from ENDS to EVP, clarification was also added that some rates used in objectives were based on 3 year rolling data. With new funding starting in the last quarter of 2021, there will be additions to the CHIP in 2022 that will incorporate objectives for the Health Equity and Healthiest Weight workplans. The updated CHIP will be shared with members when finalized for state reporting in 2022.
Next Meeting		<ul style="list-style-type: none"> Next Healthy St. Lucie meeting is on January 13, 2022, at 3:00 PM
Meeting Adjourned		<ul style="list-style-type: none"> Meeting adjourned at 4:39 PM.

Florida Department of Health in St. Lucie

Health Equity Plan



Healthy St. Lucie Coalition July 14, 2022, 3:00 – 4:30 p.m. Meeting Agenda



Purpose: Review CHIP strategies, plans, and progress, and obtain community input.

Welcome & Overview	Stefanie Myers, Director of Health Promotion, FDOH SLC
St Lucie County Schools	Deb Wuest, Director of Child Nutrition Services Ariel Burkhardt, Farm to School Specialist
Community Health Improvement Plan – Health Equity	
Health Equity Plan	Caleta Scott, Health Equity Liaison, FDOH SLC
Community Health Improvement Plan - Chronic Diseases	
Tobacco Prevention	Helen McDonald, Tobacco Prevention Specialist, FDOH SLC
Healthy Weight, Billion Step Challenge	Jennifer Harris, PIO, FDOH SLC
Nutrition Education	Emily Hahn, Health Educator, FDOH SLC
Announcements	
Next Meeting	August 11, 2022, 3 PM – Breastfeeding Update
Adjourn	

Healthy St. Lucie-Monthly Virtual Meeting Information

Please join my meeting from your computer, tablet, or smartphone.

<https://global.gotomeeting.com/join/998674685>



Healthy St. Lucie Coalition Meeting July 14, 3:00 PM – 4:52 PM Go-To-Meeting



Meeting Summary

Attending:

Kendra Auberry
Jason Barela
Megan Cantwell.
Mally Chrulski
Frankz Davila
Jim Dwyer
Evelyn Espinal

Patricia Follano
Sonya Gabriel
Emily Hahn
Jennifer Harris
Jeff Howard
Sandy Mack, Sr.
Helen McDonald

Edgar Morales
Stefanie Myers
Carly Pye
Carol Roberts
Patricia Roberts
Alicia Rolle
Yenichel Ruan

Caleta Scott
Dallas Spruill
William Wims
Gloria Wright
Deborah Wuest
Karen York

Speaker	Topic	Discussion
Stefanie Myers, Director, Health Promotion, FDOH SLC	Welcome/Call to Order	<ul style="list-style-type: none"> Stefanie went over the CHIP format and the four strategic priority areas for 2021-2026. Overview of the first CHIP category with Chronic Disease's goal of increasing the proportion of adults and children who are at a healthy weight. It was determined that the School District presenter was having technical difficulties joining the call, so Stefanie introduced Caleta; however, she was also having technical issues and Helen was introduced to discuss Tobacco Prevention.
Helen McDonald, Tobacco Prevention Specialist, FDOH SLC	Tobacco Prevention	<ul style="list-style-type: none"> Helen gave an overview of the Tobacco Prevention policy areas of focus. Point of Sale, Tobacco Free Partnership, Tobacco Free Schools (K-12), Smoke-free Multiunit Housing, and Tobacco Free Public Spaces. Helen announced the signing of HB 105 by Gov. DeSantis on June 24 to become effective July 1 which now gives counties and municipalities back the right to regulate smoking on their beaches and in their parks. Helen gave insight on the number one litter amongst beaches and waterways and the effects secondhand smoke has on others. The Tobacco Free Partnership of St. Lucie continues to solicit partners to help advocate for change and to continue to fight against the tobacco companies and its negative impact on the community.
Jennifer Harris on behalf of Jason Barela, Health Educator, FDOH SLC	Update on the Billion Steps Challenge/ Healthiest Weight	<ul style="list-style-type: none"> BSC: The community has reached 66% of its goal with 660,811,326 steps, 968 active participants, 14.5 trips around the earth, 29,736,510 calories burned, 8,496 pounds lost, and 96 active teams.

		<ul style="list-style-type: none"> • Katrina Gonzalez won the Florida Coastline/Hop Mini Challenge totaling 257,160 steps • Jeanne Yeomans won the Florida Coastline/Dash Mini Challenge totaling 199,838 steps • Karen York won the Florida Coastline/Ultra Mini Challenge totaling 341,010 steps • July is National Parks and Recreation Month, to commemorate this, the Billion Steps Challenge will hold a Mini Challenge from the 12th-25th. Registration is open and can register at http://healthystlucie.walkertracker. • Aida S is the BCD participant for the month, she began her journey in April 2022 and has lost a total of 38 pounds in about 90 days. • St. Lucie County Environmental Resources Department is proud to partner with Ecological Associates to bring sea turtle hatching walks to the Guided Nature Program series. Registration opens on July 15. The walks are free, space is limited to 15, and will begin August 5, 12, 19, and 26 from 6:30-8:30 am.
Caleta Scott, Health Equity Liaison, FDOH SLC	St. Lucie Health Equity Plan	<ul style="list-style-type: none"> • Caleta gave an overview of the Health Equity Plan which became effective July 2022-June 2025. • The mission is to outline and support comprehensive efforts intended to reduce health disparities and improve the social and economic conditions impacting health. • The vision is to have a healthy St. Lucie where collaboration, inclusivity, and integrity are the guiding principles of all citizens. • The plan addresses key social determinants of health (SDOH) indicators affecting health disparities within the county. • The Health Equity Task Force reviewed the obesity data and highlighted specific disparities to address within the county's plan. • By June 2027, the goal is to reduce the proportion of adults who are obese from 32.4% to 28.6%. The proportion of non-Hispanic Black adults was from 29.9% to 23% and the proportion of Hispanic adults was from 30.6% to 20.7% • There is no current state or county level obesity data among LGBTQ+ individuals; however, data suggest that compared to heterosexual women, lesbian and bisexual women are more likely to be overweight or obese, and less likely to have an annual physical exam. • Caleta also explained how the SDOH can affect a wide range of health and quality of life risks and outcomes. The team identified many SDOH that impact obesity. • Caleta further discussed how limited access to healthy food makes it difficult to maintain healthy diets despite behavioral

		<p>changes. Work can also be a barrier or facilitator to healthy lifestyles.</p> <ul style="list-style-type: none"> • The objective by 2023, is to increase access to health and nutrition education programs offered in the Lincoln Park community from 3 in June 2022 to 5. Also, by 2023, increase access to health and nutrition programs in the Hispanic community from 1 to 3. • Long-term goals by 2027 is to increase the proportion of black adults who have a personal doctor from 70.2 to 92% and Hispanics from 44.8 to 75.8%. • The plan is also to create affordable housing, promote neighborhood service programs and increase local government implementation of the Health in All Policies framework in decision making and government operations by 100%. • The implementation plan is due by August 30, there will be quarterly performance tracking and reporting and an annual review with the Healthy St. Lucie Coalition.
Deb Wuest, Director of Child Nutrition Services St. Lucie County Schools	What to Egg- Spect in 2022- 2023	<ul style="list-style-type: none"> • Deb provided an extensive overview of school nutrition and the efforts that have been made to ensure every child is eating a nutritious meal while they are at school. • The last 3 years, students have received meals at no cost. Students will now be categorized as free, paid, or reduced and families need to complete an application to qualify for free meals. • In 2022, 6,738,042 meals have been served so far this year; however, there have been challenges due to the supply chain disruptions making it harder to produce quality meals. • All school meals offered to students have to follow strict federal guidelines for nutrition, calories, fat, and sodium intake for the school nutrition department to receive reimbursement. • School lunches comprise five food groups or components to make up a reimbursable school lunch. • Student wellness equates to the farm to school, child nutrition, classroom, and community. • National School Lunch week Oct. 10-14, School Breakfast Week March 6-10, 2023, School Lunch Hero Day May 5, 2023
Emily Hahn, Health Educator and Program Lead for Diabetes Prevention, FDOH SLC	Update on the Diabetes Prevention Program and Nutritional Education	<ul style="list-style-type: none"> • Emily provided an overview of the SNAP-ED program. So far this year she has served 111 participants via 42 educational sessions totaling 59 hours. • Free 9-week evidence-based program to jumpstart a health and wellness journey is being held at Council on Aging in St. Lucie in Fort Pierce. Classes are every Friday at 12 pm and will run until August 12.

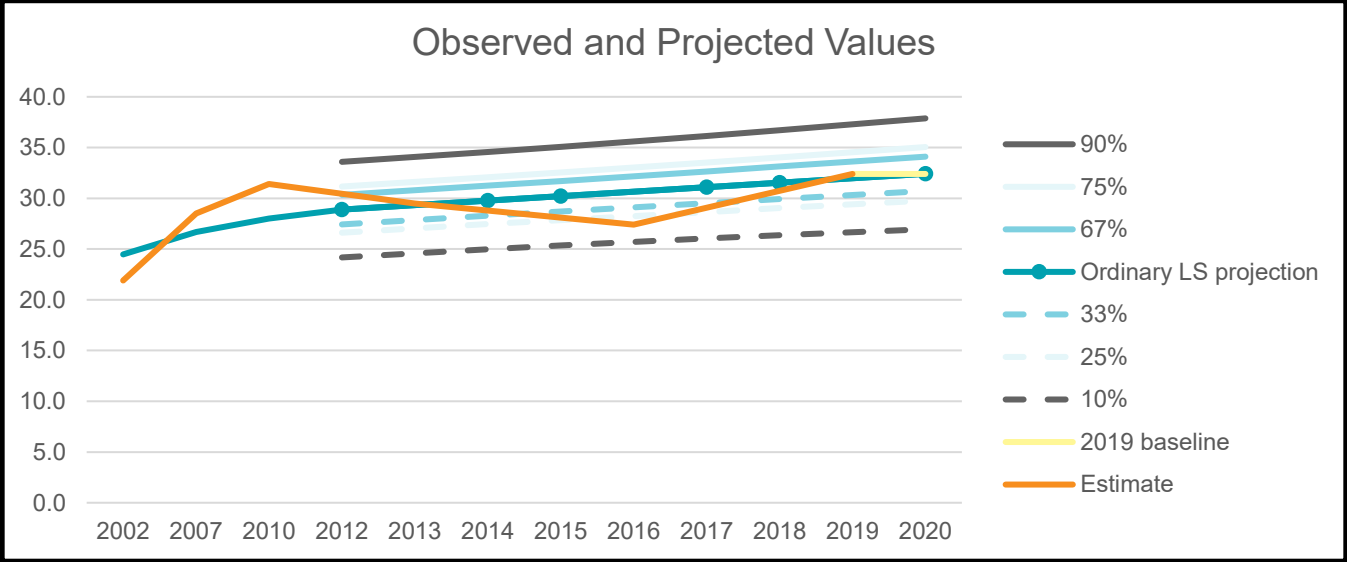
Florida Department of Health in St. Lucie

Health Equity Plan

Announcements		<ul style="list-style-type: none">• There were no announcements from partners at this time.
Next Meeting		<ul style="list-style-type: none">• Next Healthy St. Lucie meeting is August 11, 2022, at 3:00 PM
Meeting Adjourned		<ul style="list-style-type: none">• Meeting adjourned at 4:52 PM.

Addendum # 5: Trend Analysis Tool Snapshots

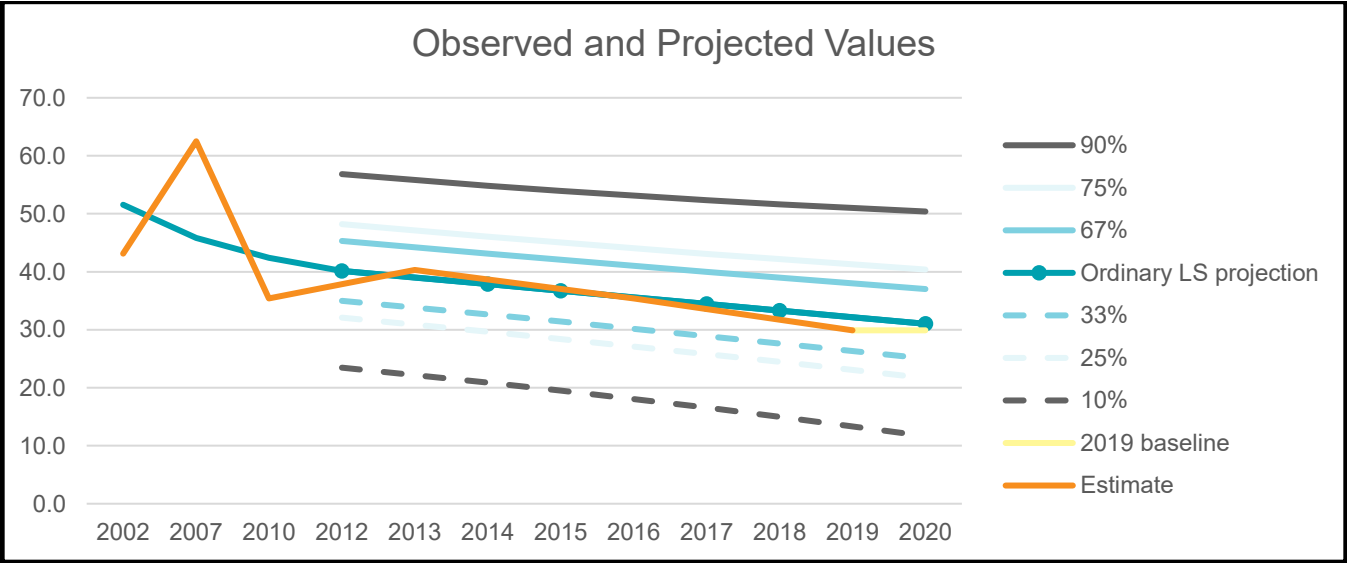
Obesity among adults



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2027 value will meet or exceed:	42.4
...there is a 75% chance that 2027 value will meet or exceed:	38.8
...there is a 67% chance that 2027 value will meet or exceed:	37.6
...there is a 50% chance that 2027 value will meet or exceed:	35.5
...there is a 33% chance that 2027 value will meet or exceed:	33.4
...there is a 25% chance that 2027 value will meet or exceed:	32.2
...there is a 10% chance that 2027 value will meet or exceed:	28.6

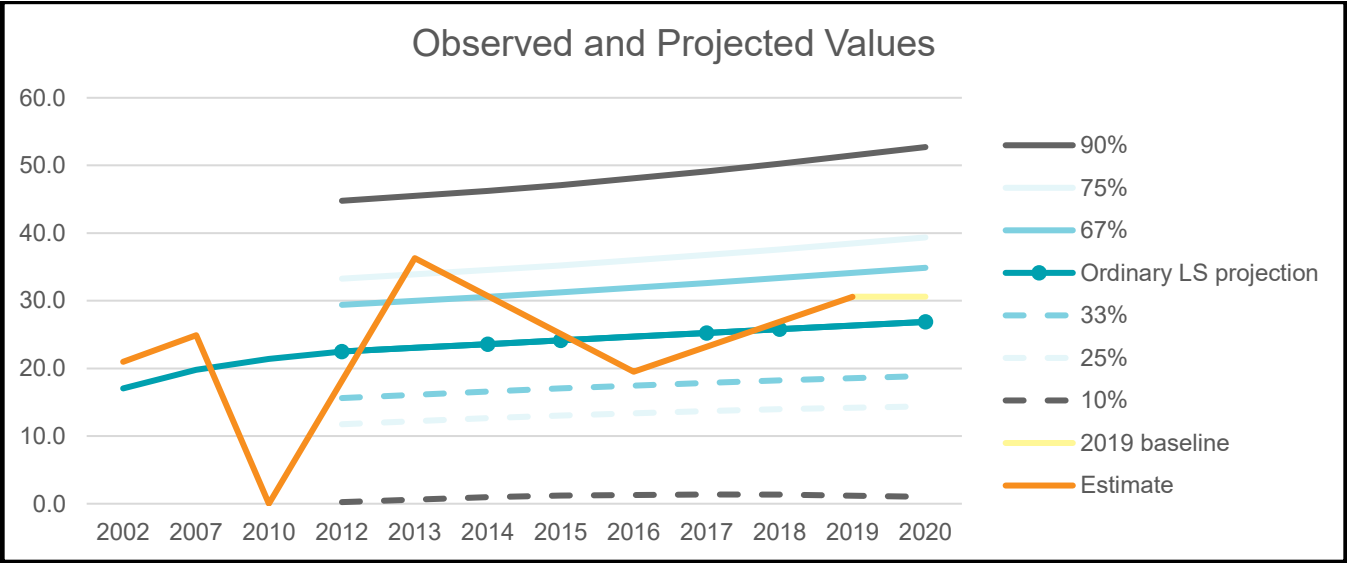
Obesity among Black adults



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2027 value will meet or exceed:	47.3
...there is a 75% chance that 2027 value will meet or exceed:	34.8
...there is a 67% chance that 2027 value will meet or exceed:	30.6
...there is a 50% chance that 2027 value will meet or exceed:	23.0
...there is a 33% chance that 2027 value will meet or exceed:	15.5
...there is a 25% chance that 2027 value will meet or exceed:	11.3
...there is a 10% chance that 2027 value will meet or exceed:	-1.2

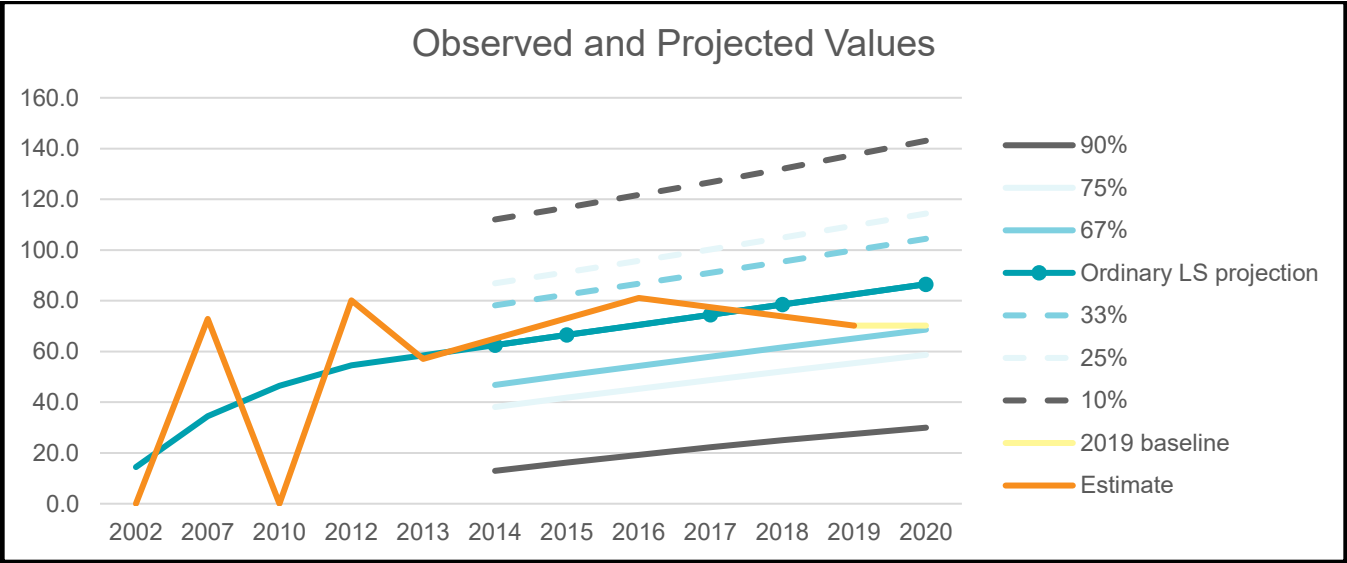
Obesity among Hispanic Adults



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2027 value will meet or exceed:	63.1
...there is a 75% chance that 2027 value will meet or exceed:	46.4
...there is a 67% chance that 2027 value will meet or exceed:	40.7
...there is a 50% chance that 2027 value will meet or exceed:	30.7
...there is a 33% chance that 2027 value will meet or exceed:	20.7
...there is a 25% chance that 2027 value will meet or exceed:	15.0
...there is a 10% chance that 2027 value will meet or exceed:	-1.7

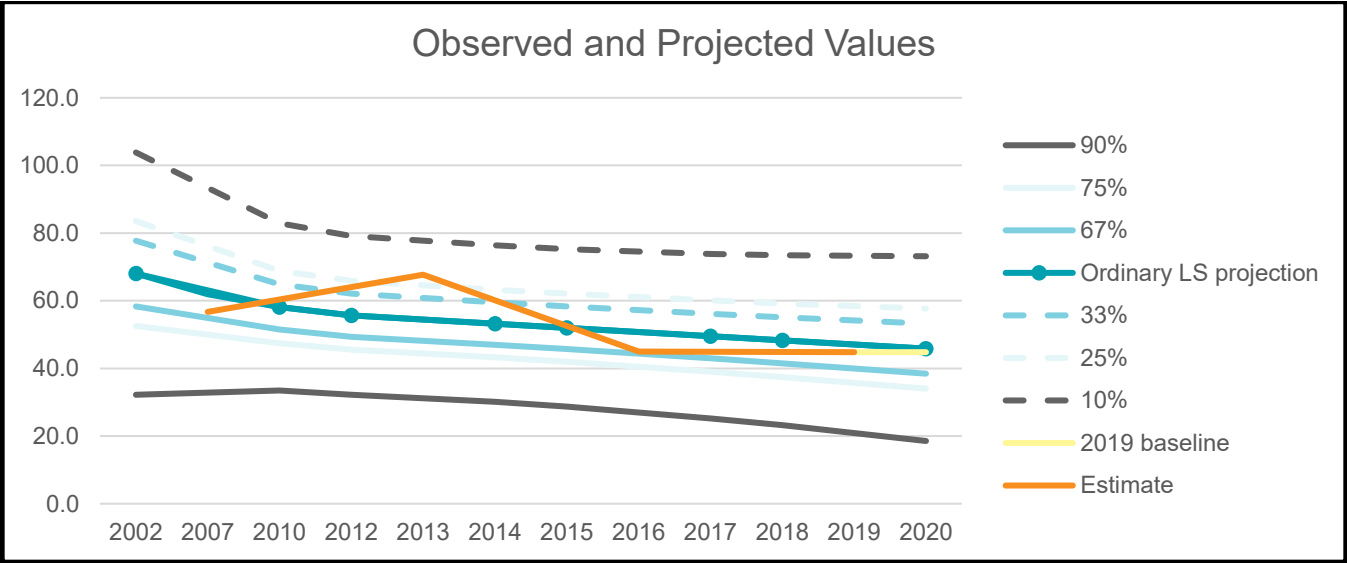
Black adults who had a personal doctor



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2027 value will meet or exceed:	43.5
...there is a 75% chance that 2027 value will meet or exceed:	79.6
...there is a 67% chance that 2027 value will meet or exceed:	92.0
...there is a 50% chance that 2027 value will meet or exceed:	114.6
...there is a 33% chance that 2027 value will meet or exceed:	137.1
...there is a 25% chance that 2027 value will meet or exceed:	149.6
...there is a 10% chance that 2027 value will meet or exceed:	185.6

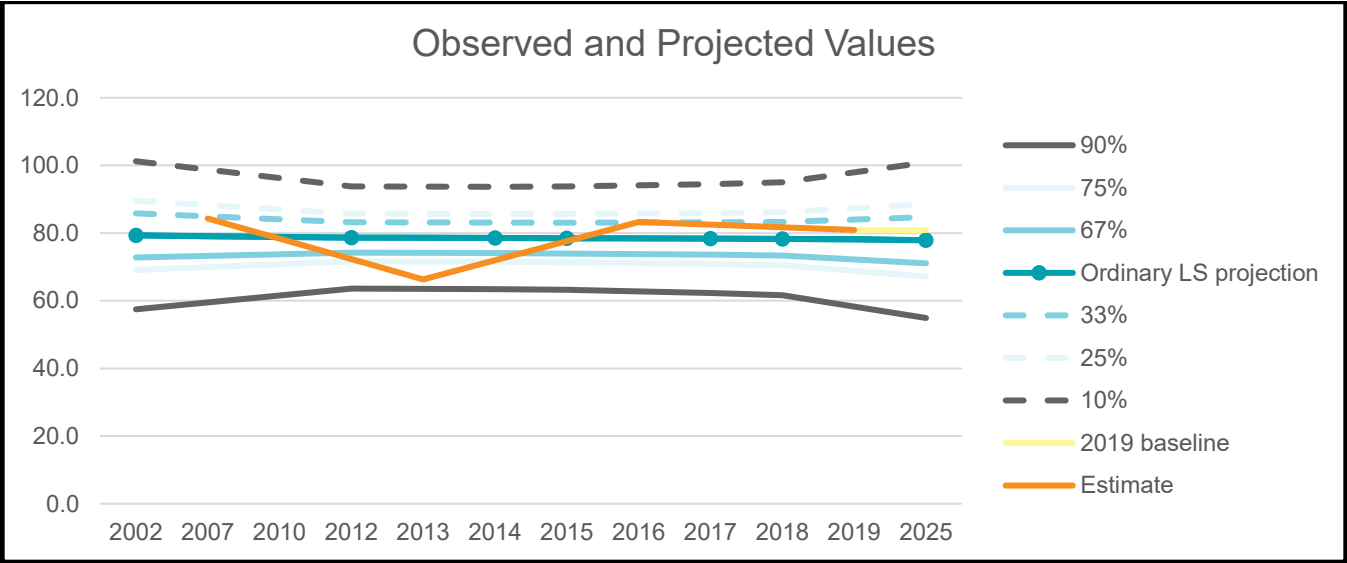
Hispanic adults who had a personal doctor



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2027 value will meet or exceed:	-1.3
...there is a 75% chance that 2027 value will meet or exceed:	20.5
...there is a 67% chance that 2027 value will meet or exceed:	26.8
...there is a 50% chance that 2027 value will meet or exceed:	37.2
...there is a 33% chance that 2027 value will meet or exceed:	47.7
...there is a 25% chance that 2027 value will meet or exceed:	53.9
...there is a 10% chance that 2027 value will meet or exceed:	75.8

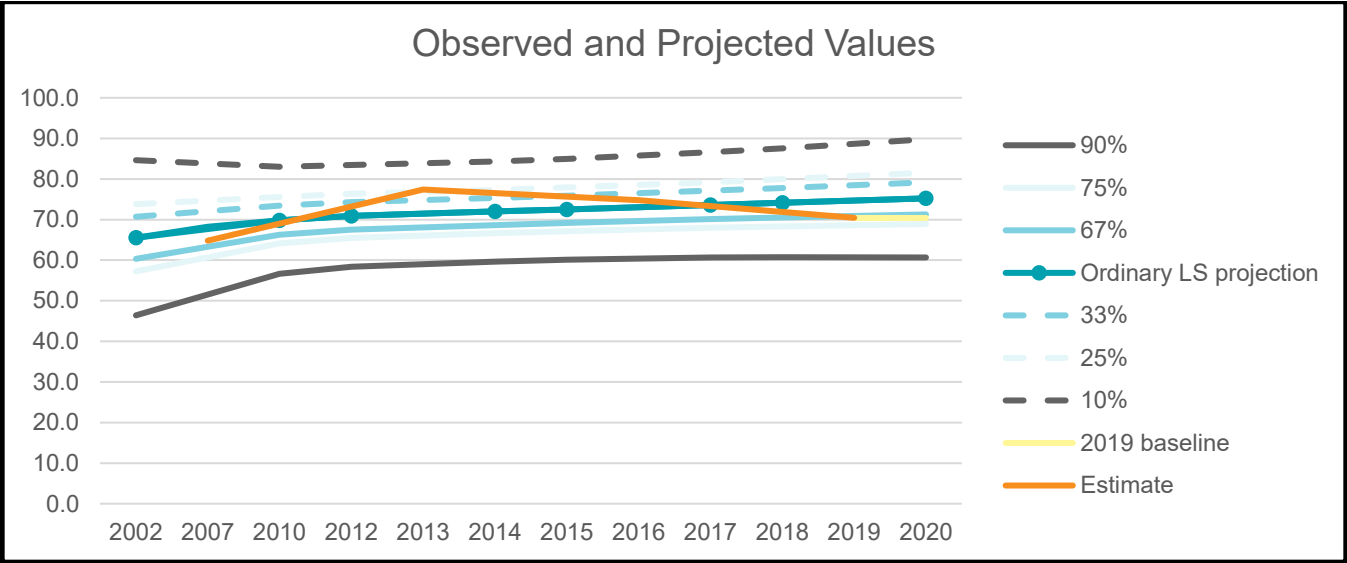
Black adults who had a medical checkup in the past year



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2025 value will meet or exceed:	54.9
...there is a 75% chance that 2025 value will meet or exceed:	67.2
...there is a 67% chance that 2025 value will meet or exceed:	71.1
...there is a 50% chance that 2025 value will meet or exceed:	77.9
...there is a 33% chance that 2025 value will meet or exceed:	84.7
...there is a 25% chance that 2025 value will meet or exceed:	88.6
...there is a 10% chance that 2025 value will meet or exceed:	100.9

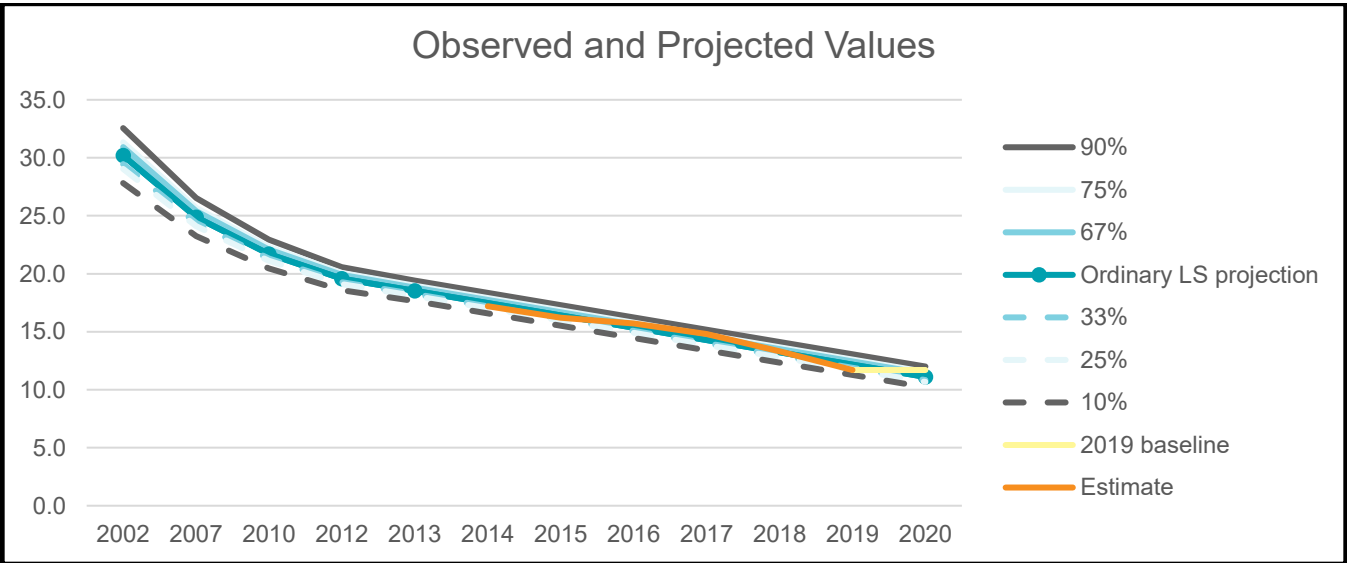
Hispanic adults who had a medical checkup in the past year



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2025 value will meet or exceed:	59.3
...there is a 75% chance that 2025 value will meet or exceed:	69.8
...there is a 67% chance that 2025 value will meet or exceed:	72.9
...there is a 50% chance that 2025 value will meet or exceed:	77.9
...there is a 33% chance that 2025 value will meet or exceed:	83.0
...there is a 25% chance that 2025 value will meet or exceed:	86.0
...there is a 10% chance that 2025 value will meet or exceed:	96.6

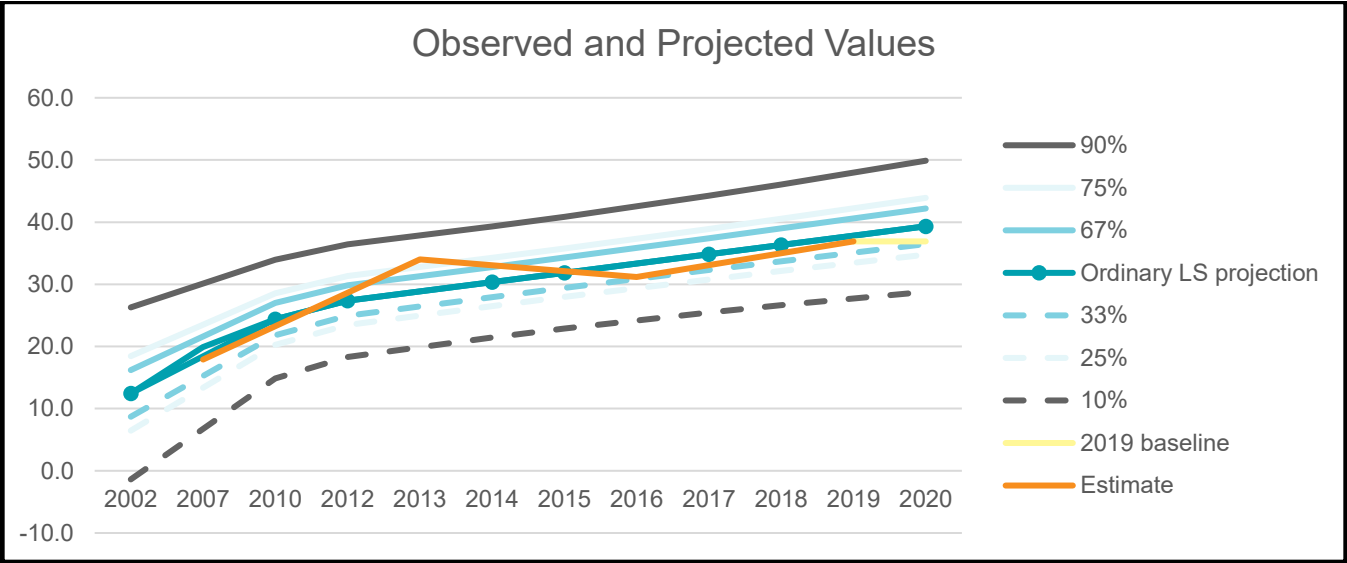
Food Insecurity



- Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

- ...there is a 90% chance that 2024 value will meet or exceed: 8.2
- ...there is a 75% chance that 2024 value will meet or exceed: 7.5
- ...there is a 67% chance that 2024 value will meet or exceed: 7.3
- ...there is a 50% chance that 2024 value will meet or exceed: 6.9
- ...there is a 33% chance that 2024 value will meet or exceed: 6.4
- ...there is a 25% chance that 2024 value will meet or exceed: 6.2
- ...there is a 10% chance that 2024 value will meet or exceed: 5.5

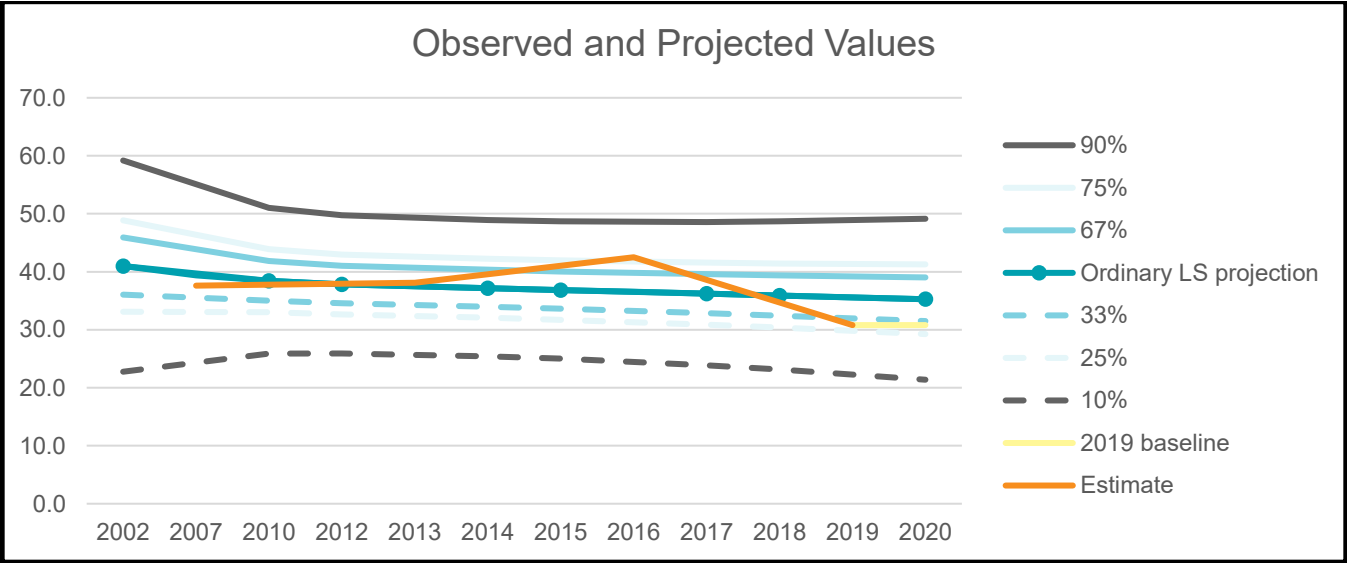
Sedentary Black Adults



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2023 value will meet or exceed:	56.0
...there is a 75% chance that 2023 value will meet or exceed:	49.1
...there is a 67% chance that 2023 value will meet or exceed:	47.1
...there is a 50% chance that 2023 value will meet or exceed:	43.8
...there is a 33% chance that 2023 value will meet or exceed:	40.5
...there is a 25% chance that 2023 value will meet or exceed:	38.5
...there is a 10% chance that 2023 value will meet or exceed:	31.6

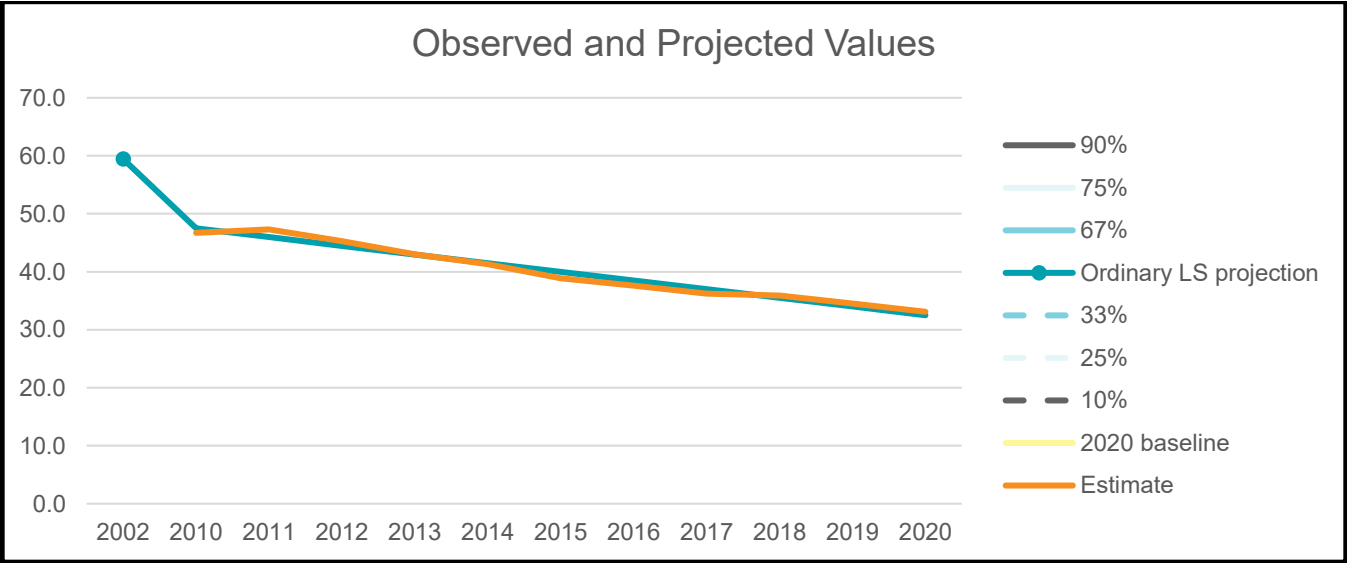
Sedentary Hispanic Adults



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2023 value will meet or exceed:	50.4
...there is a 75% chance that 2023 value will meet or exceed:	41.3
...there is a 67% chance that 2023 value will meet or exceed:	38.7
...there is a 50% chance that 2023 value will meet or exceed:	34.3
...there is a 33% chance that 2023 value will meet or exceed:	30.0
...there is a 25% chance that 2023 value will meet or exceed:	27.4
...there is a 10% chance that 2023 value will meet or exceed:	18.3

High Housing Costs



Based on the linear trend from the Ordinary LS projection, and using the model assumptions and data provided...

...there is a 90% chance that 2025 value will meet or exceed:	26.7
...there is a 75% chance that 2025 value will meet or exceed:	25.8
...there is a 67% chance that 2025 value will meet or exceed:	25.6
...there is a 50% chance that 2025 value will meet or exceed:	25.0
...there is a 33% chance that 2025 value will meet or exceed:	24.5
...there is a 25% chance that 2025 value will meet or exceed:	24.2
...there is a 10% chance that 2025 value will meet or exceed:	23.4

Addendum # 6: Acronyms

5-2-1-0	Community engagement initiative to create environments that support healthy choices
AC	CHIP abbreviation for Access to Care
AHAC	Affordable Housing Advisory Committee
ALPI	Agriculture and Labor Program
BAP	Business Assistance Program
BOCC	Board of County Commissioners
BRFSS	Behavioral Risk Factor Surveillance System
CFP	City of Fort Pierce
CHA	Community Health Assessment
CHARTS	Community Health Assessment Resource Tool Set
CHIP	Community Health Improvement Plan
CHNA	Community Health Needs Assessment
CPSL	City of Port St. Lucie
FCHC	Florida Community Health Center
FDOH St. Lucie	Florida Department of Health in St. Lucie
FDOH	Florida Department of Health
FQHC	Federally Qualified Health Centers
FY	Fiscal Year
HE	Health Equity
HEAT	Health Equity Action Team
HET	Health Equity Taskforce
HEP	Health Equity Plan
HiAP	Health in All Policies
HL	CHIP abbreviation for Health Literacy
HRPET	Human Resources Performance Excellence Team
HRSA	Health Resources and Services Administration
HW	CHIP abbreviation for Healthy Weight
MHSA	CHIP abbreviation for Mental Health and Substance Abuse
NACCHO	National Association of County and City Health Officials
NAPSACC	Nutrition and Physical Activity Self-Assessment for Child Care
OD2A	Overdose to Action Program
OMHHE	Office of Minority Health and Health Equity
PACE-EH	Protocol for Assessing Community Excellence in Environmental Health
PD	CHIP abbreviation for Prevention and Early Detection
PH	Public Health
SBA	Small Business Administration
SBDC	Small Business Development Center
SCORE	Service Corps of Retired Executives
SEFBHN	Southeast FL Behavioral Health Network
TP	CHIP abbreviation for Tobacco Prevention and Cessation
UF/IFAS	University of Florida Institute of Food and Agricultural Sciences
WIC	Women, Infant, and Children

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